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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

November 14, 1969
Morning Session
Winnipeg Auditorium
WINNIPEG, Manitoba

1 COMMISSION OF INQUIRY
2 INTO THE
3 NON-MEDICAL USE OF DRUGS

4 COMMISSION D'ENQUETE
5 SUR L'USAGE DES DROGUES
6 A DES FINS NON MEDICALES

7 BEFORE:

8 Gerald LeDain, Chairman,

9 Marie-Andree Bertrand, Member,

10 Ian Campbell, Member,

11 H. E. Lehmann, M.D., Member,

12 J. Peter Stein, Member,

13 James J. Moore, Executive Secretary.

14 COUNSEL:

15 J. Bowlby, Q.C., Counsel for the Commission.

16 RESEARCH:

17 Dr. Ralph Miller,

18 Dr. Charles Farmilo.

19 SECRETARY TO THE CHAIRMAN:

20 Vivian Luscombe.

21 November 14, 1969
22 Morning Session
23 Winnipeg Auditorium
24 WINNIPEG, Manitoba

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1 COMMISSION OF INQUIRY INTO THE NON-MEDICAL USE OF DRUGS

2 Morning Session.

3 at The Winnipeg Auditorium, Winnipeg, Manitoba,
4 November 14, 1969.

5

6 --- Upon commencing at 10:00 A.M.

7 THE CHAIRMAN: Well, good morning,
8 ladies and gentlemen. We are just waiting a bit for
9 people to get here from the other location that we were
10 in yesterday.

11 I made a statement yesterday about
12 our appointment, our terms of reference, and I don't
13 think it is necessary to repeat that today. We have
14 a number of people to hear from, and I think I should
15 proceed promptly with that.

16 I will just introduce the members
17 of the Commission and our staff here. On my far right,
18 Dean Ian Campbell of Montreal; on my immediate right,
19 Dr. Heinz Lehmann of Montreal; I am Gerald LeDain; on
20 my left, Mr. James Moore, Executive Secretary of the
21 Commission; to Mr. Moore's left, Professor Marie-Andree
22 Bertrand of Montreal; and on Miss Bertrand's left, Mr.
23 J. Peter Stein of Vancouver; and at the table, reading
24 from your right to left, Dr. Ralph Miller, Research
25 Associate; Dr. Charles Farmilo, who is observing our
26 hearings; Mr. John Bowlby, Q.C., our legal counsel; Mrs.
27 Vivian Luscombe, my secretary on the Commission.

28 Now, our public hearings are only
29 one method we are using in our inquiry, of course. We
30 are holding private hearings, individuals and smaller
groups, and we are meeting with consultants and experts,

various aspects of our inquiry, doing a lot of reading, but our public hearings I believe are important, they are important to enable us to get as wide a range of opinion from Canadians as possible, and we are anxious to have a lot of public discussion of this question during our public hearings, and we hope that you will feel free to come to the microphone and give us the benefit of your views and advice, and we don't want people to identify themselves by any particular experience. It is not necessary. If you have anything that you feel you would prefer not to express in public, we are glad to see you privately, and to take your evidence anonymously, so that you should feel very free to contribute to our public discussion.

Now, we do have some briefs, but we would ask people submitting briefs, particularly where they have submitted a written brief to us in advance, to be as succinct as possible. We find that there are usually one or two points that people wish to make, and the issues aren't that many, and we would like to focus on the particular position which a person is adopting towards a specific issue, and be able to engage in discussion and questioning, and give people who are attending an opportunity to speak. I think, in the end, it is more useful to us, for the people who attend and for the people who are making the submissions, and we all develop our understanding of the problem that way, much better than from the reading of long briefs.

So I would ask people to try and sum up their position, and there is plenty of opportunity in the course of discussion to elaborate on what you have

1 to say, and to reinforce points.
2

3 In any event, I am going to make, to
4 the best of my ability, time available for members here
5 who have come here to express their views.

6 I will call now upon Dr. William
7 Morrison, Chairman of the Sociology Department at the
8 University of Winnipeg.

9 Dr. Morrison, would you like to be
10 seated at this table? There is a microphone on the left
11 and the right for others here.

12 DR. MORRISON: Mr. Chairman, ladies
13 and gentlemen, on the basis of several tentative research
14 investigations which have been carried out here, the
15 results of which you have submitted to you, and as a
16 sociologist, it would seem to me that before/is able to
17 make a statement, that changes should be made in the
18 present situation, either in terms of legalizing, or
19 making more stringent, the controls, that we must ask the
20 basic question, namely, what is the nature -- or what
21 are the natures of those who use the various types of
22 drugs, and how do they differ among themselves; how do
23 they differ from the non-using population; and what is
24 the meaning of the use of the various types of narcotic,
25 or the various types of drugs, for them and for society?

26 It seems to me that to use the word
27 "drug user" is a useless term. The characteristics of
28 the various users, and the characteristics of the drugs
29 which they use, it seems to me, produce so many permutations,
30 and combinations, that we must think in other
terms.

The limited research which we carried

1 out in the high schools and college populations in this
2 area, have demonstrated that the increase of marijuana,
3 for example, is apparent, but a large proportion of those
4 who were using the drug were using it only once. There
5 was a smaller proportion that used it many times, and it
6 seemed to me, therefore, that what we should ask our-
7 selves is, how do the single "one time" users differ from
8 the infrequent users and the regular users?

9 If we can differentiate these groups,
10 we can then ask ourselves, how and what is the meaning
11 of the use to them, and to society?

12 I think the history of medical re-
13 search is useful here. To use the word, "sick", then,
14 is totally meaningless to the layman, to differentiate
15 between the sick and the well. Except to a doctor, the
16 word is useless. One first of all must diagnose the
17 condition. Once one has diagnosed the condition, then
18 one is in a position, it would seem to me, to say he
19 can be treated or not treated, that is, the condition
20 is socially unacceptable or socially acceptable, but
21 perhaps unfortunate to have six fingers is not a moral
22 or immoral situation, it is a fact of life. A person
23 with six fingers is different, but not necessarily so
24 different that he must have ^{an}enforced control on him.

25 In the same sense it would seem
26 obvious, and perhaps it is, that to talk about drug
27 users in one breath, ^{whether} we are talking about marijuana
28 users in one breath or the chemical tranquilizers or
29 pep pills in one breath, it confuses the issue.

30 What I advocate, and what I am
31 strongly recommending -- my basic point -- the Chairman

2 wishes me to state, and all of us to state, is -- I
3 think before we can make any changes -- we are not in a
4 position to make meaningful change unless and until we
5 have had adequate social research conducted to determine
6 the characteristics of the using populations, and the
7 effects of the use of these drugs in varying amounts,
8 and types, on themselves and upon society. Otherwise
9 it is merely to jump, in my opinion, from one frying pan
10 to another frying pan, or from one situation perhaps,
11 an equally deleterious situation. It may be perfectly
12 correct to assume that legalizing the use of drugs will
13 equally solve all of our problems. It is ~~proper~~ to assume, to
14 legalize these drugs would create unforeseen problems.

13 over
14 The history of the controversy/prosti-
15 tution is useful. Whether it is legal or
16 illegal, prostitution has existed, by legal-
izing it, or placing controls on the situation, the
problem hasn't been alleviated.

26 To do this, I say again, we need
27 basic sociopsychological research.

28 | Thank you.

1
2 THE CHAIRMAN: Thank you. Do you
3 recognize that we have any problem in connection with
4 the non-medical use of drugs, in the present legal treat-
5 ment of it.

6 DR. MORRISON: I think that the
7 present nature of the controls creates problems quite
8 clearly. The mere fact that people are using drugs when
9 the law says they shouldn't is a problem. The problem
10 results, it would seem to me, in the fact that we have
11 laws which attempt to control morality, and we are not
12 adhering to them.

13 We have problems because of the fact
14 that it is an illegal situation; we are not able to get
15 to the users and do adequate research upon them. We have
16 a problem because we are told by some, the mere fact it
17 is illegal makes it desirable to use.

18 I think there are many problems, but
19 in the present situation we might be able to hypothecate/^{many other}
20 problems if we opened it up for total usage. I
21 think one of our basic problems is we don't know anything
22 about the using populations.

23 PROFESSOR BERTRAND: Although it is
24 not quite true that we do not know everything about the
25 using population, would you, Dr. Morrison, as a sociolo-
26 gist, would you propose -- would you have anything to
27 say on the meaning of this phenomenon?

28 DR. MORRISON: I think all I would
29 say at this time, and I think the meaning differs in
30 terms of the different groups of users, and although I
31 personally think it may be a fad in the sense that we
32 have had fads swallowing gold fish, etc. in the past, the

1 limited studies which we did here; the respondents said
2 they didn't think it was a fad. I think it also may be
3 associated with the revolt against authority. Some may
4 be using it as a symbol of revolt. In other instances
5 it may be just an alternative means to withdraw. As in
6 the past we have -- in the present, people have to withdraw
7 from the society because of inabilities to interact,
8 with the use of alcohol, or they withdraw into a schizo-
9 phrenic, or a psychotic world, there is good evidence
10 that some people use drugs to withdraw, so the meaning
11 that the drugs have to the individual varies, and I think
12 the society's interpretation of these vary as well.

12 Must

13 PROFESSOR BERTRAND: / I understand by
14 what you just said, that you have already identified
15 groups of users?

16 DR. MORRISON: In the study which we
17 did here, we were able to demonstrate there were, fifteen
18 percent of the population said that they had used mari-
19 juana once or more, and that of this fifteen percent,
20 about five had used it ten times or more. Roughly eight
21 percent, as I remember, have used it only once. There
22 were three or four percent who had used it, say, two,
23 three, or four, five times.

24 PROFESSOR BERTRAND: Is this a fairly
25 recent study? I am sorry, I am not aware of it.

26 DR. MORRISON: No, we did the study
27 last year.

28 PROFESSOR BERTRAND: Last June.

29 DR. MORRISON: Last year.

30 THE CHAIRMAN: What is the population
again of the studies?

2 DR. MORRISON: One dealt with several
3 hundred.

4 THE CHAIRMAN: Several hundred what?

5 DR. MORRISON: Several hundred students.

6 THE CHAIRMAN: High school?

7 DR. MORRISON: High school and college.
8 Well, I am very quick to admit that they are not adequate,
9 in desirous numbers, they were done by students in our
10 classes as a part of our work, and what we were forced
11 to do was go to several schools where they would -- where
12 teachers and principals were willing for us to do
13 the work, and we basically then get samples of this type.
14 I don't say they were representative of the entire young
15 population in the Province. I do think they are as rep-
16 resentative as you would get by using this technique of
17 going to several high schools. I think it is important
18 to know that the first study we did three years ago, only
19 four percent of the respondents said they had used drugs,
20 and the study the following year was up to ten percent,
21 and the third year they go up to about fifteen percent,
22 so in the same Metropolitan area, you have had an increase
23 of four point nine percent, up to about fourteen percent
24 over the three years, and in the second and third study,
25 we asked about frequency of use, and as I say, here we
26 get one reply -- I say, two-thirds of those who said
27 they had used drugs, had used it only once, whereas the
28 other third had only used it several times and a smaller
29 proportion had used it ten times more.

30 For this reason, it seems to me that
we have to talk about different types of marijuana users
and this is why I say -- the meaning of the use of the

2 drug is probably different to those groups, and our
3 concern with them, I think should be different.

4 PROFESSOR BERTRAND: Then by group
5 of users, you really mean a certain number of persons
6 who have the same amount of experiences, not group, not
7 age group, not social status group, not --

8 DR. MORRISON: Yes, that is right, but
9 by definition we are dealing with the young population.

10 THE CHAIRMAN: Could we have that
11 study?

12 DR. MORRISON: I believe we sent
13 copies out to you.

14 THE CHAIRMAN: Dr. Morrison, we of
15 course agree that each one of these drugs has to be
16 regarded on its own merits, we don't assimilate one with
17 the other, but looking at the question of marijuana, you
18 say that a good deal more research -- I think you referred
19 to sociopsychological research -- is required, ^{speaking} generally
20 as I understood, of the ^{drug} but looking at marijuana, what
21 do you assess to be -- first of all to be the problem
22 if any, arising out of the present legal approach to
23 possession of marijuana? Do you think we have got some-
24 thing we can tolerate indefinitely, or we can wait around
25 before coming to some decision about? How much -- have
26 we got a lot of time to work with it, as far as research
27 is concerned? What is your sense of the proportions of
28 this question today, in Canadian society, in terms of
29 time at our disposal; and I would like to ask you specific-
30 ally, what are some of the questions you think we should
pursue as sociopsychological bearing on how marijuana,
and particularly possession of marijuana, should be dealt
with.

2 DR. MORRISON: Well, I think in
3 terms of the incidence of use, it is increased significantly-
4 and therefore in terms of usage, the numbers have
5 grown, it would seem to me, because of the way the law
6 is structured ^{now}/anyone who uses it now is subject to the
7 application of the law, and for this reason I think it
is a problem.

8 I think it is a problem because we
9 don't know what to do with them.

10 THE CHAIRMAN: What is the problem
11 of people being subject to the application of laws? Is
12 that a problem? I think all laws have to be applied.
13 What is the problem?

14 DR. MORRISON: I think it is a prob-
15 lem, if by the using of a drug, they are doing nothing
16 to themselves in terms of harming themselves, if it is
17 the same way that there is no victim in crime if we by
18 extension can say that acts between consenting adults
19 in the area/^{of sex}is their own business if it is done privately,
20 and it seems to me that the use of drugs done by consent-
21 ing adults in private, and it does no harm to them/ then
22 I think we can argue that the law does a very --

23 THE CHAIRMAN: What is the necessity
24 for the research?

25 DR. MORRISON: I think there is an
26 argument to be made that those who use drugs, may have
27 instabilities, if you wish, may be using it as a crutch,
28 and that they should be protected from themselves. I
29 think there is an argument to be used that the use of
30 harder drugs may follow, for those who are using these
as a crutch.

2 THE CHAIRMAN: Wait a minute. You
3 are moving very rapidly now. Is the question of instability,
4 the need of a crutch, a matter which the law should
5 concern itself with?

6 DR. MORRISON: I am not sure that it
7 does, except that the use of alcohol is a crutch, and the
8 inappropriate use of alcohol, and this is probably what
9 we are getting at, can we define the inappropriate use
of drugs?

10 THE CHAIRMAN: Well, alcohol isn't
11 being dealt with, inappropriate use of alcohol insofar as
12 driving and so on, isn't dealt with by the criminal law,
13 is it?

14 DR. MORRISON: I think drunk and dis-
15 orderly in a public place, this sort of thing. I think
16 this is the point; can we define when, and if, one can
17 use drugs appropriately; if one can use these appropriate-
18 ly, then perhaps the criminal law should not be involved.

19 THE CHAIRMAN: What does that mean,
20 if one can use drugs appropriately? If they can under
21 any circumstances, use it without harmful effect?

22 DR. MORRISON: Yes, I think that is
23 right. We don't know do we, what the effects of the
24 use is upon different types of persons.

25 THE CHAIRMAN: Can alcohol be used
26 under any circumstances without some harmful effect?

27 DR. MORRISON: I think you can say
28 that.

29 THE CHAIRMAN: How can you say that?

30 DR. MORRISON: I think studies have

1 been done to show that alcohol used in moderation is
2 socially deleterious.
3

4 THE CHAIRMAN: Are you sure it has
5 no adverse effects on the physical system?
6

7 DR. MORRISON: I think I could make
8 that statement.
9

10 THE CHAIRMAN: Do you know that as
11 a fact, or an assumption?
12

13 DR. MORRISON: At the moment, I
14 couldn't quote a source. This is basically the point.
15 We have to determine the effects on the individual, upon
16 society, of the use of these drugs, and then decide if
17 this is something which is socially deleterious.
18

19 THE CHAIRMAN: Do you think that the
20 application of the present laws against marijuana is
21 simply an application of law, like any other in our
22 society today, that it has at this moment no particular
23 characteristics or circumstances or features which are
24 matters of particular concern?
25

26 DR. MORRISON: In what way?
27

28 THE CHAIRMAN: I am asking you. You
29 speak about it -- you say it is an application of law.
30 I am asking you why are we here, what is it all about; is
there something about the application of the marijuana
laws today that is giving rise to particular concern, is
it justified? What is the problem about the application
of these laws?

31 You say we have to continue to do
32 much more research, before we do a change. I am saying
33 what is your assumption of what the present problem is?
34

2 DR. MORRISON: As I understand it,
3 the person who uses these drugs is subject to the appli-
4 cation of the law, and this means in some instances --

5 THE CHAIRMAN: Do you know what the
6 penalties are?

7 DR. MORRISON: For the --

8 THE CHAIRMAN: Do you know what the
9 penalties are in respect to this law?

10 DR. MORRISON: I have this in my
11 file.

12 THE CHAIRMAN: You are aware of the
13 penalties for possession of marijuana -- for the possess-
14 ion of marijuana, Dr. Morrison?

15 DR. MORRISON: What are they.

16 THE CHAIRMAN: I am asking you. Do
17 you know what the penalties are?

18 DR. MORRISON: I am not a lawyer.

19 THE CHAIRMAN: Have you consulted
20 them; have you asked one?

21 DR. MORRISON: Yes, I have looked at
22 them. As a sociologist, my basic position is that we
23 should know a great deal more about the characteristics
24 of the using population.

25 THE CHAIRMAN: Yes, but don't you
26 think that if you come here to speak to this Commission
27 you should know what the law is, that is being applied?

28 DR. MORRISON: I don't think it is
29 relevant.

30 THE CHAIRMAN: It isn't relevant?

DR. MORRISON: Because I am not
speaking as a lawyer. I am speaking as a sociologist, and

1 my concern is to make it clear that in my opinion, before
2 one should change, either abolish the restrictions, or
3 to maintain the restrictions, that one should know a great
4 deal more about the using population, so that then there
5 will be a much more intelligent position to say what we
6 should do with them, or not do with them.

7 PROFESSOR BENTRUM: In a matter of
8 principle, you still hold that whatever can be the
9 sanctions attached to possession and traffic of marijuana,
10 you say that actually marijuana users are in purview of
11 the law, and you do not advocate any change before we
12 study the populations.

13 DR. MORRISON: I do not advocate any
14 change.

15 PROFESSOR BENTRUM: You would not
16 even ask a question of principle as to the fact that law
17 is the proper way of dealing with this kind of group

18 DR. MORRISON: I think it is a
19 question, and it seems to me that if it turns out that
20 it is basically a medical problem, then we should not
21 try to legislate. If it turns out that there are socially
22 deleterious effects, then perhaps the law is the criterion

23 But I don't think one can say these
24 things. I don't think it is appropriate that one can do
25 this.

26 THE CHAIRMAN: What are one of the
27 things that should be found out, be discovered, what are
28 some of the essential questions?

29 DR. MORRISON: I think one essential
30 question, is what does the meaning of the use of the
drug have for the individual. Does he feel it is the

1 socially acceptable thing to do? Is it an attempt to
2 escape reality, and how far does he wish to escape?

3
4 Secondly, I think we should investi-
5 tigate the personality characteristics of the individual
6 to see if the using populations differ significantly
7 from the non-using population, in terms of the personality
insufficiency.

8 We have to look at the various types
9 of drug users, to see if there is any significant diff-
10 erences in terms of the personalities and social character-
11 istics of the soft drug users, on the basis of these
types of things.

12 THE CHAIRMAN: Are there any questions,
13 or observations by other people? Can you take that?

14 THE PUBLIC: First, I would like to
15 know what Professor Morrison means by socially deleterious;
16 by whose standards?

17 DR. MORRISON: Well I think if there
18 are any socially deleterious effects, there is many people
19 stating that this is not desirable, which I gather means
20 socially deleterious, and there are others who say it is
quite desirable, and useful.

21 What I basically said, is I think
22 you should investigate to see what the social effects
23 are.

24 THE PUBLIC: Professor Morrison,
25 first of all, do you really advocate that the law should
26 legislate on morality, that it is right, that the people
27 should be protected from themselves; that this ^{1/3} is the business
of the law?

28 DR. MORRISON: Law should legislate
29
30

1

16

2 in certain areas of morality.

3 THE PUBLIC: Such as?

4 DR. MORRISON: Murder, pedophilia,
5 rape, the spreading of communicable diseases when one
6 knows that he has them, and does not act to stop them.
7 I think these are all areas which involve morality.

8 I think these are perfectly legitimate
9 areas. I think it is immoral to steal. I think there
10 is every reason why the law should act in these areas.

11 THE PUBLIC: Sir, do you also say --
12 well I just want to know that if you do not think it is
13 a sociologist's right to discuss the impact/in our society
14 because you said you are speaking as a sociologist, not
15 as a lawyer.

16 You don't feel you should know the
17 law, and its impact on society, in this case? That that
18 does not have a great deal to do with what is being
19 discussed here today?

20 DR. MORRISON: I think it is very
21 important to know what the effect is, and this is what
22 we advocate doing. We make studies on the effect of/what the
23 effect of the present law is.

24 THE PUBLIC: How can you separate the
25 the usage and
26 effect of the effect of the law, on the users.

27 DR. MORRISON: Because not all users
28 are affected by the law.

29 THE PUBLIC: Well what about those
30 that are. We were told yesterday that there was some-
thing -- there was a great number of prosecutions in
Vancouver and
Toronto, criminal prosecutions in/Montreal, we were told
this by Mr. Landry and Miss Christie.

1

17

2 DR. MORRISON: Just because there
3 are these numbers of prosecutions, it seems to me that
4 we should redouble our efforts to determine the social
5 characteristics, if you want, the psychological character-
6 istics.

7 THE PUBLIC: And what about in the
8 meantime?

9 DR. MORRISON: In the meantime--

10 THE PUBLIC: What about the people
11 that have been prosecuted, like having sentences on their
12 life, as a felony? What are we supposed to do about
13 that?

14 DR. MORRISON: My own personal opinion
15 I don't think that that is a rational point of view, that
16 we should have a change in either direction.

17 THE PUBLIC: O.K. Thank you sir.

18 THE CHAIRMAN: The lady that came
19 to the microphone.

20 THE PUBLIC: Yes, I would just pursue
21 your last question a little bit, and this is to ask
22 Professor Morrison -- well I would like to make a state-
23 ment first. That is, if we were effectively prosecuting
24 offenders under this law according to the survey that
25 was done last year, fifteen percent of the high school
26 and college population could be imprisoned. Now does
27 he not think that it is a very seriously social -- has
28 a serious social effect, when by the arbitrary prosecution
29 of this law, we are creating a new class of criminals,
30 aged seventeen to twenty-two, whose numbers are not
nearly as large as they could be, if we were enforcing
the law. But whose futures are going to be

1 seriously restricted because of the fact that they do
2 not commit the crime of using marijuana, but because they
3 thereby receive a criminal record, which they must carry
4 into their -- whatever profession or occupation they
5 wish to go into.

6 We know perfectly well, that doctors
7 and lawyers and accountants and architects, any of these
8 people are not permitted to have a criminal record. And
9 we take a college student and put him in prison for a few
10 years, and his professional opportunities are seriously
11 restricted for the rest of his life.

12 I think this is a serious social
13 effect, and I don't think it is something that we have
14 a right to hesitate in changing right now.

15 DR. MORRISON: My only answer would
16 be that there was -- I share your concern as well, about
17 the present situation. However, I would point out that
18 there are vaccines and other types of drugs being tested
19 in the medical world, which may cure disease, but until
20 they prove these vaccines work and ^{the new /} thing is
21 better than what they have, they don't act.

22 I would say then, my position is that
23 we should not act just for the sake of acting, but we
24 should act when we have rational solid evidence to go
upon.

25 I only would again point out, that
26 what would happen if we legalized the use of the situation?
27 Circumstances, situations which could arise here. There
28 may be a way of declaring a moratorium on the prosecutions
29 I don't see how this would work. I think the history of

1 action for action's sake -- just because we have to act
2 has shown that it often causes as many problems as we
3 try to alleviate.
4

5 Therefore I don't agree that we
6 should act just for the sake of acting.
7

8 THE PUBLIC: I think there is an
9 overwhelming amount of evidence, there is an overwhelming
10 amount of surveys and testimony in that marijuana is
11 absolutely not harmful.
12

13 It is just, you know, everybody says
14 it, and it seems to me there are a great many people
15 waiting until somebody comes along to say that it is
16 harmful, they are waiting for some kind of a Commission
17 to get together and fabricate a bunch of evidence against
18 marijuana, and then they are just waiting to hear
19 what they want to hear.
20

21 And it ^{doesn't} hurt people. Everybody knows
22 that. What hurts people, there are a lot of ^{creative} people in
23 this country that are in prison right now, and these
24 people are doing it very strong, and it isn't going to be
25 up to people like Dr. Morrison to decide my morality,
26 because I want to decide for myself, and essentially what
27 is going to be created, what is being created by putting
28 these people in prison, is you are creating a very strong,
29 very angry, and very, very -- a very revolutionary class
30 of people, and it's like the song says, you know;

31 "Come you senators and congressmen,
32 Please heed the call,
33 Don't stand in the doorway,
34 Don't block up the hall,
35 For he that gets hurt, will

2 be he who has stalled,
3 There's a battle outside, and
4 it's raging,
5 That will soon shake your windows
6 and rattle your walls,
7 For the times they are a changing."

8 And that's where it's at.

9 DR. MORRISON: I would disagree that
10 the most creative people use marijuana.

11 THE PUBLIC: The only people I know,
12 I know use marijuana. And I know some of the most
13 creative people in this society, and they are not all
14 that -- it is not all just kids, man. There are like a
15 lot of professors, a lot of very interesting people, you
16 know. A lot of government people.

17 DR. MORRISON: I think that is why
18 you should -- I think that is why we should support an
19 adequate study of the using population, which I have
20 said half a dozen times, here, so that we can say that
21 the effects are non-deleterious.

22 THE CHAIRMAN: At the microphone on
23 the right here?

24 THE PUBLIC: I think we are getting
25 away from the main question. I think the big thing is
26 medically what it is doing to you. Mr. Morrison said
27 something about protecting people from themselves. Hell,
28 we might as well, you know, cut out aspirins, because
29 if you take too many aspirins you are going to die from
30 that too.

31 The thing is medically, exactly
32 what the effects are. Psychologically you can get a

2 "high" from aspirins and coke if you want. There will
3 always be unstable people, and there will always be
4 unstable people taking alcohol because they want to
5 get juiced and have a good time, and I don't think you
6 can call a person, you know, just because you got a
7 certain conception of the norm, that you can say a person
8 is unstable because he is either taking alcohol or mari-
9 juana.

10 I think the big thing is what it is
11 doing to you physically, and as long as you are not
12 going out raping and pillaging the country side type of
13 can say you
14 thing, I can't see how you/are going to worry about all
15 these psycho-sociological effects of marijuana.

16 I think the big thing is, if you want
17 to protect a person from himself, you are not going to
18 be able to do it, whatever you do.

19 DR. MORRISON: I think this again
20 demonstrates the need for the study of the types of
21 people who are using it, and if there are the types that
22 have to be protected from themselves, and if all of them
23 are such that they need no protection from themselves,
24 then this should be changed. And that is why I said
25 that we should attempt to determine ^{the} characteristics
26 of the various types of the using population, to see how
27 they differ, if at all, from the non-using population,
28 and on the basis of this we should be able to say that
29 the vast majority, as you claim, are not a harm to them-
30 selves, or to society.

31 THE CHAIRMAN: The microphone there.

32 THE PUBLIC: Dr. Morrison, how long
33 would you estimate it would take you to do a complete
34 study on all the problems involving marijuana use?

1 DR. MORRISON: I don't advocate that
2 I do it.

3 THE PUBLIC: It would take some
4 years, though?

5 DR. MORRISON: I don't think it
6 would, necessarily.

7 THE PUBLIC: During the time you are
8 making this study, young people are going to jail, because
9 there is a problem defined, called "marijuana." Correct?
10 Do you believe that it's bad for someone to go to jail.

11 DR. MORRISON: Well, unfortunately,
12 law says one shouldn't
13 at the present time, the use it, and if they are going
14 to use it they will have to suffer the consequences and
15 perhaps this is the way the ball bounces.

16 THE PUBLIC: You make no judgment
17 about this whatsoever, about people going to jail?

18 DR. MORRISON: I don't think they
19 should go to jail. I don't think they should break the
20 law.

21 THE PUBLIC: Mr. Chairman, we are
22 talking about the application of the law. A statement
23 was made that it seemed to infer to me, at least, that
24 a quarter to eleven on November 14th, 1969, there are
25 great numbers of creative people in the prisons of our
26 land, on marijuana charges. Surely the Commission has
27 the facilities on this very claim, to scout it out, give
28 us statistics about who actually is in prison, how cre-
29 ative these people are, and for what sort of relationship
30 to marijuana, whether it was simply the use or possession
of quantities, or of pushing it, they are in jail. Then
we will have something of the kind of thing that Professor

2 Morrison feels we should have, to begin to cast some
3 illumination, as well as some considerable loving care,
4 on the problem.

5 DR. MORRISON: Mr. Chairman, could I
6 be excused, then?

7 THE CHAIRMAN: Yes. Thank you very
8 much, Doctor. I will call then on Mr. Sydney Symonds.
9 Mr. Symonds is a Vancouver lawyer. There was a gentleman
10 who wanted to say something. He was moving towards the
11 microphone. Would you like to go to the microphone now,
12 while Mr. Symonds is taking a seat?

13 Yes, he said he had
14 to leave, and had to be released.

15 Mr. Symonds.

16 MR. SYMONDS: Mr. Chairman, members
17 of the Commission, and people. Firstly I would like to
18 thank you for the opportunity of coming here to express
19 my thoughts on the subject. I was unfortunately absent
20 from Vancouver when you were there, and unable to attend
21 your deliberations.

22 I have therefore become a camp
23 follower, and I have followed the Commission to Winnipeg.
24 I am delighted that in doing so, some of the prosecutors
25 have appeared here and of the Department of Justice -- I hope they are here
this morning, because if I may be permitted, I would like
to direct some questions to them, which I hope might be
fruitful.

26 THE CHAIRMAN: Would you care to
27 indicate, if you are here?

28 MR. SYMONDS: Perhaps, in a little
29 while, I hope they will. I am a trial lawyer, I practice
30

they may arrive

2 in Vancouver, and to perhaps demonstrate some of my
3 concern, I have been an officer of the Civil Liberties
4 Association of British Columbia, on the Board of Directors
5 of the John Howard Society, I was the Honorary Solicitor
6 and Advisor to an operation called Half Way House which
7 is/society/attempted to habilitate narcotic addicts --
heroin addicts in particular.

8 I have been practicing in the Courts
9 of Vancouver for eight and a half years, approximately,
10 and a good deal of my practice has involved defense work
11 in drug cases.

12 We heard a lot of statistics yester-
13 day, when I attended the sessions here, a lot of the
14 reports that had been tentative, giving statistics and you
15 reading them, I suppose, ad nauseum, and the only diff-
16 iculty with statistics that I find as a lawyer, is that
17 you can use them to attempt to persuade anyone to almost
18 anything. It always reminds me of the trite story about
19 the man who drowned crossing the river, and its average
20 depth was twelve inches, and I don't think statistics
21 are very meaningful.

22 If, however, -- I should subvert my own
23 comments and use statistics, I can only say that
24 perhaps by qualification of my remarks, that until today
25 and since the beginning of this year, calendar year of
26 1969, I have been involved in the defense of one hundred
27 and six charges involving possession and trafficking in
28 marijuana -- just marijuana. Others involving LSD,
heroin, eighteen or twenty in heroin, and of these
marijuana defenses, I think fifteen were trafficking
charges of the one hundred and six.

2 Someone was talking about box scores
3 yesterday -- I don't want to give you mine, because it
4 may be construed as advertising, however my concern is
5 perhaps in the social area, because the law affects people
6 socially.

7 I am deeply concerned at the prosecu-
8 tion of what has been referred to here as a class of
9 people that is a minority group, many of whom are young
10 people, and who have a style of life which brings them
11 into a particular area in the cities in this country, and
12 other countries. They are euphemistically known as
13 "hippies" or "flower people" or whatever.

14 The reason I think they are prosecuted
15 is that they are easy to prosecute. It is like shooting
16 fish in a barrel, and when the police are going to
17 embark on a job, why look at the ^{tough} ones, the ones
18 that are going to give them static, the ones as Professor
19 Penner mentioned yesterday, that are possibly going to
20 have some heat drawn on them, if they make a mistake.

21 Why not get at the segment of the
22 population that they can crucify to their own ends, and
23 hold them up for public execution, if you like -- you
24 will excuse the extreme language that I may use, but my
25 notions of this are fairly extreme, because what is being
26 done is extreme.

27 May I perhaps particularize, by
28 giving some examples of the manner of enforcement of
29 our drug laws. We heard yesterday, that the Narcotic
30 Control Act requires that the laws be enforced. The
only mention of control that I was able to discern
was that the laws are being enforced in order to somehow

2 attempt to control this situation.

3 No one, I think, has had the temerity
4 to suggest that the situation is being controlled, that
5 narcotic drugs, or any drugs, are being controlled by
6 this notion of enforcement.

7 The prosecution people yesterday,
8 the Department of Justice people, suggested that there
9 is a great uncertainty about marijuana; and its effects
10 upon individuals, and upon society. As a lawyer, I have
11 been trained to the notion that there is a concept of
12 reasonable doubt in our society, and if there is a
13 reasonable doubt, it is to be exercised in favour of the
14 person that is charged before the Court.

15 Here, however, the principle is
16 quite different, because a reasonable doubt is acknowledged
17 by the Department of Justice, the prosecutors, and
18 presumably by the police, notwithstanding some of their
19 extreme remarks in their reports, the reasonable doubt
20 about marijuana is acknowledged, but they don't afford
21 the people the benefit of that reasonable doubt, whether
22 it is something that should be unlawful, whether it is
23 immoral, whatever judgment they make on it. They simply
24 prosecute.

25 They suspend their judgment, but
26 they don't suspend the prosecutions. This is an aspect
27 of prosecution which is obnoxious to me. It is offensive
28 to me, and I think it should be found offensive in our
29 society, whether you be young people, or whether you be
30 the parents of those young people, or the ^{older} people who are
prosecuted. And it is not entirely ---

DR. LEHMANN: I don't understand this.

2 What is selective prosecution?

3 MR. SYMONDS: It is selective because
4 they are seeking out and prosecuting the segments of
5 society in which prosecution is readily available, and
6 evidence is ^{easily} available to the police.

7 DR. LEHMANN: Such as what?

8 MR. SYMONDS: Such as the "hippie"
9 element in society. There are exceptions; I will
10 mention them; I have one seventy year old hippie who
11 is a client. He is a grandfather several times over,
12 retired after thirty-five years of successful business,
13 and he is now charged on two counts of possession of
14 marijuana. In fact, I am rather sad because this trial
15 was scheduled today, and I had to arrange to have it
16 adjourned, so that I could come here.

17 What do the police do, when they go
18 into the houses, or hippie areas, the houses inhabited
19 by the young people. We have two classes of police
20 officers in Vancouver. I don't know if this is standard
21 throughout Canada. We have the Drug Squad, and we have
22 the Vancouver City Police Department, and of course the
23 R.C.M. Police.

24 When they enter the premises, they
25 don't bother to have warrants, or to show them; they don't
26 bother to warn people, or tell them they are being arrested
27 for anything; they simply walk in and they search. If
28 they have to break the place up, in order to effect a
29 search, then they go ahead and do it, and I think it
30 might be interesting for you to have some statistics
from the Department of Justice, about how much it costs
the taxpayers each year to replace doors, and other

2 amenities in households the police break into.

3 The search is not a polite thing
4 done. Orders are given, people have their pockets turned
5 out by police officers thrusting their hands in them,
6 and male persons are required, in most cases now in
7 Vancouver, to open their trousers and take them down, so
8 that their groin can be examined to see if they are
9 carrying any marijuana in their underpants. This is
10 done when girls are present and the men are still ordered
11 to do so.

12 And in the case of *Regina versus Dorothy Martin*, was one in which the evidence indicated
13 that this was what happened, and I will attempt to give
14 you specifics, if I can, or if you wish, the date
15 references and court references, I can supply them by
16 way of bibliography.

17 The people are herded into rooms,
18 they are searched, if marijuana is found they are taken
19 into custody, kept generally overnight and charged. Some-
20 ~~times/kept in jail from one week to three months, in some~~
21 cases longer.

22 These young people are, in their
23 own social context, congregating for their own purposes,
24 for their own reasons. Perhaps they are opting out,
25 perhaps ~~they have marijuana, they are committing an offense~~
26 against the law by having it, but it doesn't in any way
27 have any proportion to the unlawful use that is made of
28 them in the course of the investigation, arrest, trial
29 and incarceration that follows. People are supposed
30 here to have certain rights; the right not to be
searched without a warrant, the right not to be arrested

2 without cause, the right to have counsel appear for you
3 in the courts, and we, unfortunately, don't have an
4 adequate legal aid system in British Columbia, or else-
5 where in Canada, so far as I know, and the handling of
6 people by the police is simply appalling.

7 I am making some generalizations
8 here because there are good policemen, and there are bad
9 policemen, but unfortunately the training seems to come
10 from what I class as a bad policeman. So that the people
11 simply have no rights. They are young, they are easily
12 presumed upon. One policeman comes on very strong and
13 gives them a very bad time in the game of hassling hippies
14 and the next one comes on very paternally and says, "Look,
15 don't pay too much attention to him, you know, he is
16 really a rough character. You had better level with me
17 and things will be much better." And of course, the
18 people being naive and honest by nature, tell the police
19 everything that they know, and talk themselves right into
20 jail.

21 They then have the opportunity, many
22 of them, the defenses, available in the court system
23 that are built into the law. Some of them are acquitted,
24 some are convicted in spite of it. Pre-sentence reports
25 are often prepared, and Miss Christie yesterday, commented
26 that she has read a number of pre-sentence reports. I
27 have also read, unfortunately, a number of them and she
28 has found certain patterns, she said, of emotional dis-
29 turbance and so on, demonstrated in the reports.

30 Now, these patterns certainly did not
31 originate from the use of marijuana. They originated
32 in the persons formative years, or adolescence. The use
33

of marijuana, therefore, is a symptom of either emotional unsettlement, or social unsettlement, and the whole situation is being treated as though by simply apprehending and incarcerating young people, this is somehow going to solve their particular problem and the problem of society in general, and I agree wholeheartedly with some of the remarks made yesterday that this is simply not the way to handle the situation, or to enquire into it.

Now, again, I have used the term selective prosecution, and Dr. Lehmann has asked about that. What happens after people are convicted, a pre-sentence report prepared, submissions presented on their behalf, and they are sentenced by the courts. The court also consists of a person who has been considered by either the Attorney General of the Province, or the Minister of Justice, upon the recommendation of law societies, to be a person who is properly qualified, and able to sit in judgment. So that person, having all of the details before him of the offense, of the personal history of the individual, assesses and imposes sentence. And if the person has been acting against authority, and has gone through the judicial process, and sometimes some people are impressed that they have got ^a reasonable shake in court, and the judge has treated them reasonably, and if people have this opinion, the Crown then -- this relates more often to trafficking cases, but also occasionally to possession cases, the Crown lodges an appeal against sentence, because they are dis-satisfied with the leniency of the sentence.

So the individual may already have served his term of imprisonment by the time the appeal

1 comes on, or he may be sitting in the prison, not being
2 sent to the work camp, or whatever that he may have been
3 classified to go to, but sitting in the retaining cells,
4 twenty-one hours a day, as he has been from the commence-
5 ment of his sentence; and this of course, breeds nothing
6 but greater contempt than a person might originally have
7 had for the court process, for the authority, for the
8 police, because in British Columbia at least it has
9 become automatic that upon a Crown sentence appeal, the
10 sentence is increased.

11 It started with the Adleman case in
12 which a Ph. D. student at U.B.C. was stupid enough to
13 be frank and honest with the police officer and show
14 him a small amount of marijuana that he had. He pleaded
15 guilty to the offense of possession. In court the pre-
16 sentence report indicated that he was a brilliant young
17 student, and had worked his way through college, and was
18 doing his Ph. D. He got up and made a statement that he
19 did not think that the law was a just law, or a proper
20 law, he thought it was stupid, and said that although as
21 long as he was in Canada he would in future observe this
22 law, he still thought it to be a stupid law.

23 The magistrate, notwithstanding this,
24 suspended sentence in this case. The Crown appealed. Our
25 Court of Appeal in its wisdom, increased the sentence to
26 one of six months in prison, which destroyed his university
27 year. He was in the middle of his academic year, and as
28 effectively, the conviction and the record destroyed his
29 career, his life as it were, as an academic.

30 DR. LEHMANN: When did this take
place?

2 MR. SYMONDS: This happened in 1968.

3 (The McNicholl) case cited to you yesterday by Professor
4 Penner, referred to the Adleman decision in the British
5 Columbia Court of Appeal. I don't have the report with
6 me. It's in the Law Reports, 68 Western Weekly Reports.
7 And that was the corner-stone of all its sentences after
8 that time, because that judgment was flouted in every
9 Magistrates Court in the Province. The magistrate or
10 judge had no longer any discretion in sentencing. He was
11 intimidated into imposing a sentence of six months in
12 prison, because if he didn't, the Crown would appeal it,
13 and the only exception on a Crown appeal was the case of
14 Reynolds, in which a magistrate for a first offence,
15 possession of marijuana, was sentenced to one day in
16 jail, and had to pay a five-hundred dollar fine, and to
17 work to pay this himself, and he was released on certain
18 terms. The Crown appealed that sentence, and the Court
19 of Appeal found that in the particular and peculiar
20 circumstances in that case, the sentence was adequate
21 and they didn't touch it, but that is the only one deal-
22 ing with possession. And trafficking cases, there has
23 been only one which has not been increased by the Court
24 of Appeal. I do have a copy of that judgment with me.
25 It is not yet reported, and I don't expect it will be.

26 This was the case of Regina and
27 Ross Mills. And I will read you, if I may, the very
28 short judgment of the court, three pages.

29 This was --"the respondent, on his
30 plea of guilty was convicted of the charge on September
19, 1968, he did traffic in cannabis resin, a narcotic."
The learned magistrate imposed a sentence of one month

1 imprisonment, and a fine of five hundred dollars, to be
2 paid by June 1st, 1969, or in default, an additional three
3 months.

4 The Crown appealed his sentence. "The
5 Respondent is 19 years of age with a good family back-
6 ground, an excellent work record as a shoe salesman, and
7 no previous criminal conviction. He was an average stu-
8 dent, well regarded by his teachers. He was dismissed
9 from school, Grade Twelve, because of this offense, but
10 hopes to complete that Grade with a view to eventually
11 attending university. Since his release after serving
12 a sentence of one month, he has been employed as a shoe
13 salesman. His employer describes him as a good depend-
14 able worker, capable of future advancement". Some four-
15 fourteen letters confirming the good character and reputation
16 of the Respondent were presented to the Magistrate.

17 "It appears that the Respondent began
18 using marijuana and hashish about a year before September
19 of 1968, and that at the time of his arrest in November,
20 1968, he had become a frequent week-end user". The
21 learned Magistrate's opinion was that he was not likely
22 to be involved again, in any sort of crime, and that
23 his present attitude toward society and authority is one
24 of responsibility.

25 This opinion was concurred in by a
26 parole supervisor, who attended with the Respondent at
27 the hearing of the appeal.

28 And, incidentally, he appeared on his
29 own at the appeal, because he had no funds for counsel
30 and the Crown of course was represented by able counsel
31 who was here yesterday, Mr. Hyde. I don't know if he
32 is here today.

33 "Before September, 1968, undercover

agent of the Royal Canadian Mounted Police gained the
confidence of the respondent, to the extent / least as a
personal friend. The officer asked the respondent to take him
to some person who would sell him marijuana. He at
first declined to do so, but after some persuasion, went
with him to various places, at which no seller was found.

The officer drove the respondent to
his home, and there asked him if he himself had any hash.
He said he had a small quantity, and was prevailed upon by
the officer to sell him a gram for ten dollars.

be regarded as falling
While this sale must/within the
definition of Trafficking Section 2(1) of the Narcotic
Control Act cited, I think the respondent's/in the
as trafficking in the
commonly accepted sense of the word ---

Unlawful possession is of course
established."

Now, this is a remarkable comment,
because this court has already made several decisions
which have been reported, which say that that is traffic-
king, so that there was simply no defense for this boy
on the charge, and that's why he pleaded guilty.

"The learned magistrate has shown
by his reasons delivered when imposing sentence
/that he was well aware of the offense of trafficking in
narcotics was a very serious one, and the primary factor
deciding upon sentences in
involved in/such cases must be that of deterrence of
the individual, as well as that of other persons. Al-
though the probation officer, in the pre-sentence report
suggested suspended sentence, the Magistrate, quite correctly,
in my opinion, decided that course would not be appropriate.
And I might add, parenthetically,
because of the fear of an appeal.

2 "He obviously considered that the
3 very special circumstances which he found did not require
4 imprisonment and a fine
a deterrent greater than that involved in a short term of /
which is substantial, having regard for the fact
that it would be paid by the respondent himself."

5 And the appeal against sentence by
6 the Crown was dismissed. But that is the exception. It
7 is the only one that I know of in which the Court of
8 Appeal has not increased the sentence.

9 In two accompanying cases, two young
10 people who pleaded guilty to the same offense at the
11 same time as Mills, one named (Elmer) and another named
12 Jensen, the sentence of (Elmer) was increased from six
months to one year definite, one year indeterminate.
13 This is a total of two. The sentence of Jensen was
14 increased from six months and a fine imposed in each
15 case, to eighteen months imprisonment. And this notion
16 of deterrence of course, is one the British Columbia
17 Court of Appeal has been preoccupied by, for a consider-
18 able period of time, and it is the sole factor of their
19 present consideration in sentencing people.

20 Sentences have varied in British
21 Columbia for offenses of trafficking, for offenses of
22 possession / ^{from} suspended sentences to one year imprison-
23 ment. The sentences have varied in respect of traffick-
24 ing offenses from this one, one month and a fine, to
five year imprisonment.

25 MR. STEIN: This is first offenses
26 with no criminal record?

27 MR. SYMONDS: A man named Prince
28 was sentenced to five years, for selling one ounce of
marijuana to an undercover operator. There was
29
30

2 another, namely Bradley and Baldwin, sentenced to five
3 years in prison for trafficking in hashish.

4 MR. STEIN: When were those cases,
5 in the last year?

6 MR. SYMONDS: Yes. I am sorry,
7 Prince in 1968, Bradley and Baldwin in 1969.

8 Dorothy Martin was sentenced to four
9 years imprisonment for possession of marijuana for the
10 purpose of trafficking and the Court of Appeal confirmed
11 that sentence, and one of the interesting things that
12 occurred there, is that the trial judge that sentenced
13 her to four years had incorporated into his judgment
14 almost entirely the judgment in Massachusetts versus
15 Leis and Weis, which we have heard about here at this
Commission, and I believe the Commissioners have copies
of that judgment.

16 Now, that generally is the kind of
17 thing that happens in marijuana cases, except for this
18 factor. Police officers posing as hippies, like working
19 undercover, insinuate themselves into the confidence of
20 the young people, as they did with Mills. They either
21 incite the commission of an offense, they clearly act
22 as provocateur. There is no protection afforded citizens
23 of this country for that kind of operation. Charges
24 have been laid as a result of trafficking, as a result
25 of undercover operators buying minuscule quantities of
a substance from other people.

26 Trafficking charges have been laid
27 where a person simply was being persuaded to sell some
28 marijuana, said "Look, I'm not a seller, I don't deal
29 in it, you can have a little bit if you are hard up."

I don't want the money. Just give me back my half ounce of marijuana." And the girl was charged with possession for the purpose of trafficking on that occasion.

The police rely very heavily, in the hippie element, as well as the heroin situation which I will come to, on the information of informants. They have people who they have intimidated into providing them information, either by promise of not laying charges where they have found some evidence against them, usually in drug cases, or helping that things go easier if they co-operate with the police. This has been acknowledged by Drug Squad members in Vancouver, and I was told as high as seventy percent of arrests in some period of time, resulted from the informants.

Now this has a side effect that I think is very unfortunate, because it causes young people to distrust other young people. It adds to the ills of society. It doesn't do anything to alleviate them.

From there I progress -- since we are told the progression is from marijuana to heroin, I'd like to progress to heroin, and describe the protections of individuals who are acknowledged by most people, even some police officers, to be ill when they are addicted to the use of heroin, and in need of treatment. And I will describe to you what some of that treatment consists of.

Incidentally, before I leave my earlier subject, and I still sincerely hope the Department of Justice people will arrive, I can give you some names of some other cases in which the Crown is

2 appealing sentence, and this particularly in view of
3 Miss Christie's remarks yesterday, that our judges very
4 carefully consider the sentences imposed, they consider
5 the circumstances of the case, they consider the pre-
6 sentence reports and other character evidence that has
7 been led, and so on, and determine the sentence imposed.

8 The case of Bruce Caswell, the Crown
9 is appealing sentence, ^{he} spent something over three months
10 in custody waiting trial, and was convicted of selling
11 LSD, was sentenced to three months imprisonment, and a
12 fine.

13 THE CHAIRMAN: In the case of -- this
14 is pending appeal? I think it might be better if we
15 didn't discuss the merits of a pending appeal.

16 MR. SYMONDS: I don't want to discuss
17 the merits, Mr. Chairman.

18 THE CHAIRMAN: Fine, statement of
19 facts.

20 MR. SYMONDS: Similarly, in the case
21 of Toby Crook, was convicted of being in possession of
22 marijuana. The Crown is appealing his sentence. Larry
23 Neesh's sentence is being appealed. Nine months definite
24 possession for the purpose of
25 six months indeterminate for trafficking in marijuana, and
the Ross Mills case has already been /, and these are
only examples ⁱⁿ which I have been personally involved, and
that is why I mentioned them, because I have some
intimate knowledge.

26 There are others, I am not the only
27 defense counsel working in Vancouver. My experience
28 represents only a portion that is going on in Vancouver.

29 Heroin investigations are very
30

2 curious, and they would interest most students of
3 medieval life. Here is a typical one.

4 Police officers armed with a
5 Writ of Assistance, and a sledge hammer or broad axe,
6 depending on what group of officers are involved, enter
7 unannounced the premises where they believe persons have
8 heroin, or have been taking a fix, or are preparing a
9 fix. They enter by breaking in the door with the hammer
10 or the axe, or with their feet or their shoulders, what-
11 ever is more readily available. They rush inside and
12 it seems to be a prerequisite that they be something over
13 five foot ten, and two hundred pounds, and they rush in
14 and seize the individual by the throat, and this is not
15 to be confused -- and they apply pressure to the adam's
16 apple, or the area of the larynx -- but this is not
17 to be construed as choking, because the officers deny
18 that they choke anybody, and I will refer you to some
19 portions of a transcript in which they say this. The
20 pressure to the throat is applied, they say, to cut off
21 his air supply, so that he can't swallow anything, and
22 is forced to open his mouth to breathe, so that they
23 can then examine him orally to perform their search.

24 This is often done with the assistance
25 of a finger put in their mouth to pry it open, depressing
26 the cheeks at the side of the mouth to force it open,
27 using hand-cuffs or a flashlight to assist them to open
28 the person's mouth.

29 If they don't find anything in the
30 mouth, they assume immediately that the person has
swallowed it, and this -- notwithstanding evidence for
example, of an outfit, a capsule, a spoon, a

whole outfit for cooking up on the table beside the person, and even if the person has opened their mouth, to say I haven't got it when the officers first enter, because they know they are going to get "guzzled," is the vernacular.

The officers, then having not found anything in the mouth, assume the person has swallowed it, so they then apply their therapeutic technique by several blows to the stomach, with a fist/^{or a knee} to cause the person to cough or regurgitate something that they may have swallowed.

If by this means they don't find anything, some officers, if they are particularly annoyed about it, will apply some corporal punishment of his own design. The person is then either on the spot at the premises, or in a cubicle at the police station, if he is taken into custody, skin frisked.

This consists of ordering him to take his clothes off, with the pair of officers doing it for him if he won't, and when he is standing naked before them he is then required to bend over, so that they can examine him anally. To do this they often use a flashlight as an assisting instrument.

When that is done, if they haven't already encouraged a person politely, and in their own winsome way to make a free and voluntary statement to them, admitting the possession of a drug, they will then encourage him to do so.

And the courts of course, disregard everything that has preceeded in almost all cases, and find that in most cases that a free and voluntary state-

2 ment has been made, which is admissible evidence, and
3 of course, evidence in our courts -- physical evidence,
4 no matter how obtained, is admissible.

5 I can refer you to the case of
6 Regina versus Larsen & Thornton -- Carl Larsen and Dorothy
7 Thornton, before a judge in Narcotic Court in Vancouver
8 earlier this year, in which that is the exact situation
9 that occurred with some added "accessories," if you like.

10 Now, one of them was that Larsen had
11 dentures, so the officers removed those to make it more
12 easy for them to search him, and they then skin frisked
13 him in the presence of his girl friend. She was seated
14 hand-cuffed on a sofa. She was trembling , she was not
15 only a heroin addict, but also suffered from an illness
16 akin to epilepsy, and being very nervous and shaky, one
17 of the officers gave her a cigarette and because her
18 hands were behind her back and because she was trembling
19 onto the sofa, it fell out of her mouth, /and started a fire, and the
20 officer didn't put out the fire until it became big
21 enough to be capable of causing serious burns to her.

22 The officers also had picked her up
23 off the bed in the bedroom, and thrown her to the floor,
24 and thrown her ^{out of the room} /into the next room, and onto the sofa.
25 And they savagely beat her boyfriend, Larsen. And this
26 was acknowledged ultimately by the police officers on the
27 witness stand.

28 MR. BOWLBY: Mr. Symonds, are you
29 saying that what you just discussed was admitted by the
30 police officers.

31 MR. SYMONDS: Yes. Albeit reluctantly.
32 I wish I could afford to order a transcript of the
33

1 proceedings so I could furnish that to the Commission,
2 but it is available, and I can give you the date of the
3 trial.

4 The learned judge there ruled a
5 subsequent confession by the girl inadmissible on the
6 basis -- ignoring completely the violence that had gone
7 on, he ruled it inadmissible on the basis that the
8 officers sat around the sofa, told her to sit there
9 and don't move, and didn't attach to that any time
10 limit within which she was permitted to move.

11 So this is an example of closing
12 your eyes to something that is happening, because you
13 simply don't want to see it.

14 That kind of procedure ---

15 DR. LEHMANN: What did you mean by
16 that remark, that the judge disregarded the admission of
17 violence?

18 MR. SYMONDS: Yes, he did not refer
19 to it at all in his ruling of the admissibility of the
20 statement that she made.

21 He referred only to the remark made
22 by the officer, to sit there and don't move. And because
23 there was no escape clause from that, if you like, by
24 way of time limit, he said that therefore can be
25 construed as a threat, and so the statement was not
26 admissible.

27 This leads me to the next logical
28 step in the progression in this kind of drug investigation,
29 in which the officers almost invariably search people
30 orally for heroin in this manner, seizing them by the
throat, forcing them to open their mouths and so on.

2 It happened once also, in the case
3 of Gordon Massey. This twenty-eight year old person,
4 who was a heroin user, was employed, married, had a home
5 outside Vancouver, was visiting with a friend in New
6 Westminster. They had gone into Vancouver to buy some
7 heroin, they were coming back to the friend's place in
8 New Westminster, and he was carrying the heroin that he
9 had purchased, in his mouth. Well, he must have been.

10 He entered his friend's apartment
11 with the friend. In the apartment were the respective
12 wives of the men, and the other man's two children, who
13 were asleep. Prior to their arrival, four members of
14 the Narcotics Squad, two R.C.M. Police officers and
15 two Vancouver City Police detectives, entered the
16 premises. They simply walked in while the men were
17 absent, told the wife of the tenant that they were
police officers, and to just sit there and not cause
any trouble.

18 They turned off the hallway light
19 in the apartment, secreted themselves behind some doors,
20 and waited, and about a half-hour later, the two men
returned to the apartment.

21 The officers knew the tenant of the
22 premises by name, and had some information in respect
23 of him to the effect, presumably, that he had gone down
24 to purchase drugs at the Plaza Cafe.

25 It is a very obvious way that they
26 would have of knowing this, because the police maintain
27 an observation station across the street from the Plaza
28 Cafe on Hastings Street in Vancouver. It is a place
29 with a chapel sign on the window. They have someone

stationed there at all times, with binoculars with which they look across the street into the Plaza Cafe, and -- in heroin -- observe every transaction of narcotics/that is made there, and over ninety percent of narcotics sales have traditionally been made at the Plaza Cafe. This is well known, and acknowledged by the police officers, and it is very easy, because again it is the fish in the barrel thing. They can easily pick off the addicts after they have made their purchase.

They follow them, and get to their place in the course of having a fix. They don't even bother stopping them on the street, and trying to get them that way, but they wait until they get their fix, or get prepared for it.

In this case, they had the information that the man, Mark, was returning to his home with drugs. They had never seen him before, but they were waiting for him in the apartment. They didn't know that there were two men. They thought that there was only one.

The door opened, Mark walked in followed by Massey. It was dark in the premises, the police officers couldn't make them out, they didn't know who was who anyway, and one of the officers, Sergeant Gangbell saw the person that he later learned was Massey, -- he says seized him / Massey was turning toward the door again in the hallway, he seized him by putting his arm around his throat from behind, he described it as around the man's head at first, and later around his throat and under his chin, wrestled him to the floor in the outer hallway of the apartment, he then attended to him by seizing

him, he denied choking him but the description he acknowledged of the seizure -- perhaps I should read some of this to you, because you will perhaps appreciate some of the dissembling that goes on as well.

I should explain in advance, that this transcript is an inquest, because Gordon Massey died on this evening, and there was an inquest into the cause of his death. You might find some of this interesting.

Sergeant Gangbell is testifying before the Coroner at the inquest, page 146. He has described that the man had apparently entered the doorway of the apartment when he came out of his hiding place. He simply saw the man in the process of simply turning around apparently intending to exit again from the apartment.

He said the man's hands were in front of him, they weren't up to his mouth or his face, they were simply in front of him, he didn't know in what position. And then he is asked the question,

"When you saw him, was he moving towards the doorway into the hallway?" "Yes. Now, I forward I reached out and put my arm around him from behind stepped, /and immediately to him and /my right arm I put around his head. Around his head, or his neck?" "Well, around his neck and chin, in the area of his neck, yes."

And he then goes on to describe the struggle. He then agrees that he seized him by having one hand at the back of his neck, and the other hand at the front, with the crook of the thumb over the adam's apple, and in this way he could apply pressure to him to prevent him swallowing anything.

Then a second officer, Detective

2 Booth, entered the fray, and punched Massey several
3 times in the stomach. The man's mouth was open, he
4 was obviously gasping for air, and the officer didn't
5 recognize that there was any distress, although he saw
6 the face discolouring, becoming blue. The man's wife
7 came out of the apartment screaming "Let go of him, you
8 are killing him," several times, and the officer con-
9 tinued to hold him, and just released him long enough
10 when he was limp, to roll him over on his stomach, and
11 handcuff him, and then to continue their investigation,
12 to open the mouth, finding nothing in the mouth; they
13 then applied the pressure to the stomach and some few
14 minutes later realized that the man was in some distress,
15 and the wife had attempted to phone an ambulance, but
16 was restrained from doing so by one of the police consta-
bles, and finally was permitted to call an ambulance,
which arrived of course, too late.

17 An airway was ultimately introduced
18 down his throat, but he was pronounced dead on arrival
19 and
 to the hospital, he obviously had died of asphyxiation
up in that hallway.

20 DR. LEHMANN: What did the autopsy show?

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2 since it didn't go down into his stomach, they said
3 because it went down the wind pipe, it was done, no
4 doubt, because of a physical trauma, the application of
5 some force to him, or being seized suddenly and the
6 surprise of the thing, causing it to go down the wrong
7 way.

8 THE CHAIRMAN: Mr. Symonds, I
9 gather that you must have a lot of case material there,
10 but our time is running a little short.

11 I wonder, what is your general con-
12 clusion from this material you have been referring to?
13 What is your proposition?

14 MR. SYMONDS: Well, the general
15 proposition is this: That the officers who were rep-
16 resented by the Department of Justice at this inquest
17 ultimately stated that their justification for embarking
18 on investigations in this manner, originated in an
19 instruction that they had from the R.C.M.P. Police, Ottawa,
20 in 1962, and that this authorized them -- instructed
21 them to perform oral searches upon suspected narcotics
22 offenders.

23 They referred to a decision in the
24 Ontario Court of Appeal in Rex and Brezak, 1949, I
25 believe it is seventy-six Canadian Criminal Cases, which
26 gave tacit approbation to the kind of oral search per-
27 formed by the Drug Squad upon an individual named Brezak,
28 who bit the officers finger when he was performing the
29 oral search, and the officer charged him with assaulting
30 a police constable in the execution of his duties.

31 Brezak was convicted, and that
32 conviction affirmed on appeal, and in the course of

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2 that, the court made a declaration that since heroin
3 users were a particularly pernicious class of people,
4 the officers should be entitled to use such techniques.

5 They also used the justification for
6 this kind of violence, Section 25 of the Criminal Code,
7 which purports to allow the use of necessary force to
8 effect an arrest. Section 10 of the Narcotic Control
9 Act, which allows the police officer without warrant,
10 to search any receptacle, or container, where he suspects
11 drugs may be contained, and to enter any premises without
12 a warrant where he suspects there may be narcotics, and
13 the officer gave his own interpretation that the person's
14 mouth was a container, or receptacle, within the terms
15 of that Act.

16 And the instructions from the R.C.M.
17 Police contained -- and quoted quite extensively in
18 that is contained at page 375 of this transcript, the
19 document from Ottawa, from the R.C.M. Police, containing
20 an opinion from a solicitor with the Department of
21 Justice, telling the officers that -- paraphrasing it
22 very briefly, that any instruction that they may have
23 had to cease oral searches in this manner, was to be
24 abrogated, and that they were to resume such oral
25 searches, that in 1962, and the officer agreed that he knew t
26 was dangerous to administer this kind of treatment to
27 people. He had had previous experiences of people going
28 unconscious when he seized them by the throat in that
29 members
30 manner, or when other / had done so, he knew that kind
of action might in certain circumstances cause death,
but he construed it as his duty, nonetheless, to engage
in that kind of activity in order to get evidence,

2 because the only thing to be considered was the
3 acquiring of evidence.

4 Now, this of course, can not but
5 breed in any citizen of this country who is aware of
6 this situation, a contempt for the offensive use of
7 violence which can not, in any circumstances, be
8 justified in my submission, and can only inspire contempt
for the law.

9 And this is the same law which
10 includes in the Narcotic Control Act schedule, marijuana,
11 is
which apparently/acknowledged to be a narcotic, and the
12 treatment that is accorded people convicted of offenses
13 under the same Act is in many respects, identical. They
14 are placed in the same prison awaiting trial, they are
15 placed in the same prisons after conviction, unless a
16 man has the good fortune to be sentenced to/two years
17 in prison, then he can go to the Rehab. Centre where all
narcotic addicts are kept.

18 That is, heroin addicts.

19 THE CHAIRMAN: Now, I asked you what
20 your general conclusion was from the material you have
21 been referring to. You have spoken against oral searches
Is that the extent of your conclusions?

22 MR. SYMONDS: No.

23 THE CHAIRMAN: Could you give us
24 your own conclusions now, because I think we have had
25 a lot of reference to the material.

26 MR. SYMONDS: Well, my conclusions
27 are, that the instruction for this kind of investigation and the prosecution of drug cases, comes
28 obviously from an authority somewhere. The police them-

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2 selves deny that it is their authority, the Prosecutor seems
3 to deny that it is their authority, or that they have
4 any discretion in the matter.

5 The instruction therefore, seems to
6 originate in Ottawa, either with the Solicitor General,
7 or with the Department of Justice, or both, and my
8 proposal is that something be done very soon, and very
9 seriously, about recommending some changes in the
techniques of enforcement of these laws.

10 This is a situation in which I think
11 it is abundantly clear that the cure is far worse than
the ailment.

12 MR. BOWLDY: Is this restricted to
13 heroin cases, or also to marijuana investigations?

14 MR. SYMONDS: It is involved in both.
15 In the case of Regina and Dennis Jackson, police
16 officers entered a premises, and choked a person who
17 was lying in bed ill with hepatitis, then discovered
18 some marijuana and continued on an investigation in
19 that respect, but it was obviously a hippie pad, it was
20 a situation in which marijuana was the object of the
investigation, and not heroin.

21 And searches such as the one I have
22 described in the house, where people were required to
23 take their pants down, are done on city streets in
24 Vancouver. People are taken down a side street, or
25 into a lane, and required to take their pants down.

26 People are searched physically,
27 and they have no recourse. There are two officers
28 involved in these investigations, and either they will
29 find a young person alone, or if there are one or two

30

of them there, if they give them any static, they simply take them down and lock them up overnight, and then release them.

THE CHAIRMAN: Well, if Parliament sees fit to create an offense for possession of a substance, and where there is little, relatively little likelihood of third parties complaining of its use, are methods of this kind not necessary, if there is to be any serious attempt to apply the law effectively?

MR. SYMONDS: Well, my own view is, as I have said earlier, that violence can not be justified in any circumstances, and in particular it can not be justified in attempting to deal with the situation of illness, which is acknowledged to be that of heroin addicts, it is not a situation which inspires confidence and the respect of young people.

THE CHAIRMAN: If you were a police officer, and you were asked to make an effective application of the law involving possession offense, where there is little likelihood that violations will bring your attention by third party complainants, what would you insist on as the minimum techniques of investigation, to give you any kind of a chance of making that law at all effective?

Would you accept responsibility for its application if you didn't have these techniques at your disposal?

MR. SYMONDS: Yes.

THE CHAIRMAN: How effective do you think they would be?

MR. SYMONDS: If I might inject myself into the situation of a police officer, since that is what

I am asked, I would conceive it my duty to protect the rights of the citizens, because that's what I conceive the duty of a police officer, to respect and let him enjoy those rights is what I am paid to do.

And if searching him in that manner is a violation of those rights, then I would desist from doing so.

Searches in appropriate circumstances, yes. A person can have his pocket searched and so on. He can be taken to the police station if they have reasonable grounds to believe that he has some marijuana in his groin, or something in his pockets, and to search him, yes, but to perform internal searches, absolutely not, and to perform physical searches in public places, absolutely not.

THE CHAIRMAN: You mean you think this kind of law can be applied without recourse to these techniques of which you have complained, without the relative or significant decrease in its effectiveness, effectiveness of the application?

MR. SYMONDS: I doubt the application except in a negative way, of its effectiveness now, /and I would simply again insist that that kind of cure is worse than the illness that is attempted to be cured.

THE CHAIRMAN: Do you have any general observation on the law as a whole, any views on the law as a whole, with respect to any one of these drugs?

MR. SYMONDS: Yes.

THE CHAIRMAN: That you care to make.

MR. SYMONDS: I think that possession

1 should not be an offense. I have always argued against
2 sending people to prison for this kind of an offence.

3 I think that possession should not
4 be an offense of anything for your own use.

5 Now comes the obvious next question,
6 if I might anticipate, is, what about trafficking?

7 Well, if possession is not an offense
8 and if drugs are not kept on the illicit market, and
9 prices not kept up by the kind of police militance that
10 we are experiencing, then it would not be attractive
11 economically for traffickers to engage in the business, and
12 if drugs were made available to addicts, as methadone is
13 being done in some cases, then there would be no need
14 to look to the illicit market, and the attendant crime to
15 support the habit that the addicts have inflicted upon
16 them now.

17 THE CHAIRMAN: Are there any questions
18 or observations, Dr. Lehmann?

19 DR. LEHMANN: I see what you try to
20 convey to us, and please tell me whether that is it,
21 that there were two things that you brought out; one,
22 which one might call gross malpractice of law enforcement
23 police officers obviously and blatantly doing things that
24 they had no right to do, and also certain malpractice
25 or no application of the law, the judges, if this
26 happened, disregarding evidence they should have recorded
27 according to -- well, what is established in the law.
28 That is one indictment of yours. The other one
29 is that, in general, you conclude that a law which can
30 lead to this kind of malpractice of law enforcement and

1 jurisdiction, and furthermore, also, encourages practices
2 in order to enforce, if properly applied, violent practices,
3 that such a law is degrading and should not be kept on
4 the books. Are these -- these are the two things?

5 MR. SYMONDS: Yes.

6 THE CHAIRMAN: Questions? The gentle-
7 man at the microphone?

8 THE PUBLIC: I would like to make a
9 few comments, especially about traffickers in marijuana
10 and the policy of, what I call "entrapment" by under-
11 cover agents. I am a university student and also a
12 convict in the federal penitentiary. I go there every
13 night after school. I am in jail for trafficking mari-
14 juana. In the summer of 1968, I met a chap with a beard
15 who happened to be a member of the police force, who made
16 friends with me. We smoked marijuana together on two
17 or three occasions, went to a movie, and he persuaded
18 me to get him some marijuana on two occasions. I was
19 subsequently arrested and sent to jail, and many, many
20 people that I know, about forty and fifty at a time,
21 in pretty well every city, they follow this practice,
22 and what I question about this law and this policy is
23 that the police are not catching a trafficker, they are
24 catching a lot of kids that would not normally go to jail
25 and have a very, very serious offense on their record
26 in the trafficking of narcotics besides the ill effects
27 of going to jail. I think Mr. Symonds has described this
28 very well and presented the case very well. Also, many
29 people are not even trafficking. There was one case in
30 Edmonton where a chap sitting between a trafficker and

1 an undercover agent, merely handed the marijuana, one
2 to the other, and handed the money back, and was con-
3 victed of being a trafficker in narcotics for doing this.
4 To me, this law doesn't -- it just doesn't make sense
5 give a criminal record to
6 to/young people in this way. A lot of kids just don't
7 have a comprehension of what they are doing. They have
8 no great sense of, "Well, I am being a criminal, I am
9 committing a serious offense". The group of people
10 you are in, use marijuana on the weekends, during the
11 summer holidays; you take people for granted and
12 appreciate people, and have no reason to suspect that
13 a person who is friendly with you and gets high with you
14 from time to time -- it's just, how are you going to
15 believe that this man is going to be a policeman and is
16 going to arrest you?

17 MR. STEIN: Are you suggesting that
18 in your particular case, the undercover person actually
19 smoked marijuana with you?

20 THE PUBLIC: Yes, I am.

21 MR. STEIN: It is interesting, because
22 we had testimony in Vancouver from the Drug Squad there,
23 that this was never done.

24 MR. SYMONDS: If I could just make a
25 remark, many of my clients told me that they have also
26 smoked marijuana with operatives in Vancouver. They had
27 no reason to say so, really, if it wasn't so, because
28 it had no bearing on the case whatever, and it wasn't
29 raised on the case. When in talking with the officers,
30 they denied each time, they adamantly denied it each
time.

1 THE PUBLIC: In my trial I had fifteen
2 witnesses, I think, all under the age of twenty, whom
3 this policeman, on one occasion had lent a fifteen year
4 old girl five dollars to buy some LSD; given speed,
5 amphetamine pills to another young person; often they
6 helped young people go out and buy drugs, and lent them
7 money for drugs. This was regarded by the judge in his
8 judgment as completely having nothing to do with the case.
9 It was a subsequent judgment in the Appeal Court, gave
10 him the right to do whatever he felt like doing -- this
11 was the way to catch traffickers, one didn't have to
12 not play the game. You could traffic yourself, as long
13 as you were catching the trafficker.

14 MR. CAMPBELL: Could you give us the
15 reference to that case, please?

16 THE PUBLIC: Christiansen vs. Regina
17 in Edmonton, in May '68.

18 MR. CAMPBELL: That's where the
19 narcotic agent distributed amphetamine pills?

20 THE PUBLIC: Yes, sir. From what I
21 understand from other cities, this is not an uncommon
22 practice. I feel that it is -- it also creates a lot
23 of fear and paranoia and distrust in a lot of young
24 people. The police, I believe, play on this very
25 strongly. When they had their big mass arrest on
26 August 29th, there was a concert in a downtown coffee-
27 house, the policemen broke in the doors of a church
28 basement where the concert was, about forty of them,
29 and brought in some chap wearing baggy clothes and a
30 great white hood, and this was the informer, and he

1 walked around the audience of three or four hundred
2 people, slowly pointing around like this, and saying,
3 "Him", and they would grab him and carry him out. You
4 know, lift him right off his feet and carry him out;
5 and it seems to me that if this isn't calculated to
6 create fear, then what is it? Does this sound far-fetched
7 to you?

8 MR. CAMPBELL: Where did these arrests
9 take place?

10 THE PUBLIC: In Edmonton on August 29th
11 1968. Also, another thing that worries me, is the dis-
12 crepancy in sentencing of marijuana traffickers and
13 possession. I received a two year sentence which was
14 the first penitentiary term out of Edmonton in the last,
15 I don't know, some odd years. Many people are getting
16 three months, six months, or nine months, depending on
17 which judge you are in front of, how long the trial
18 took. I'm quite convinced of this. If you give them
19 a rough time and fight it as best you can, they are
20 going to give you a harder sentence for this. Also, in
21 my case, I was known as a -- an organizer of youth in
22 Edmonton. I had started this coffee house I was arrested
23 in, as a matter of fact, and this was also brought out
24 in the courtroom; that "this man is obviously an organi-
25 zer of youth and misguided and therefore a deterrent
26 sentence is most necessary", although I had been on
27 bail for ten months and completed my first year of
28 university. The judge felt the rehabilitative aspect
29 was carried out, therefore, the deterrent should be
30 the great factor. There is no rhyme nor reason, as

1 far as I can see, at least in Alberta, when our Justice
2 Milvain has given a five year sentence to a seventeen
3 year old boy. Am I correct in that?

4 THE CHAIRMAN: Which was that?

5 THE PUBLIC: In Calgary.

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7 (1971-53 folio no.)

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In Calgary just over a week ago. A young person was arrested for selling catnip as a joke, this was in the papers just a few weeks ago.

The judge, in sentencing him gave him six months, followed with this statement, that from now on, people will know that selling catnip to a police officer, is a serious offense.

DR. LEHMANN: Why? Catnip is not illegal.

THE PUBLIC: Sir, if you tell the policeman that this is pot, and you hold up a bag of anything, it is purporting to be trafficking in narcotics.

DR. LEHMANN: It was purported to have been pot?

THE PUBLIC: Well, the testimony in court was the fact that they knew this man was obviously an agent, and lived in a hotel room, and had no work and yet had lots of money, and was always buying drugs.

Three of them decided to play a little joke, bought a twenty-nine cent bag of catnip, and gave it to the police officer.

DR. LEHMANN: They told him it was marijuana.

THE PUBLIC: Told him it was marijuana.

DR. LEHMANN: I see. May I ask another question?

When you mentioned that undercover agents gave amphetamine pills to others, what are their motives; do they want to just simply create greater confidence in them, or do they want to get others ---

THE PUBLIC: Well, this is the way

1 they see fit to insinuate themselves in a group
2 like that.
3

4 It's pretty hard I would imagine,
5 to be an undercover agent, and not smoke any marijuana,
6 or not insinuate yourself into the scene of the young
7 people.

8 DR. LEHMANN: To create greater
9 confidence and trust?

10 THE PUBLIC: Yes, definitely.

11 A third point is the criminal record.
12 I guess I am going to have to go through life with a
13 record for trafficking of narcotics.

14 I will be on the same par with any-
15 one who has trafficked heroin, amphetamines, and yet
16 I can not see myself -- I never had a sports car, and
17 I never bought all kinds of things.

18 It's just, to me -- there is a poss-
19 ibility in five years, after I get out of jail I can
20 have my record pardoned, I guess.

21 The point is, I was arrested in
22 August, 1968. My sentence won't be finished until 1971,
23 five years after that will be 1976, and by that time I
24 will have lost quite a few opportunities for jobs,^{for} my
25 academic interest.

26 MR. BOWLBY: Under the present state
27 of the law, how do you consider that you will lose your
28 record in five years?

29 THE PUBLIC: I believe I could
30 have it pardoned sir. Oh, pardon me, it is only in
 consideration.

Also, they make this a regular

1 policy. I believe in Vancouver it has been going on a
2 year and a half now, of arresting droves of people --
3 just in Winnipeg here, this fall, eighty some odd people.
4 Many, many young people are being sent to jail with a
5 serious record, and the question I wish to put to you,
6 is are these traffickers, are these the people or are
7 they the young kids who have been trapped into it?

8 THE CHAIRMAN: Thank you.

9 MR. CAMPBELL: Mr. Symonds, I would
10 like to go back to some of the observations that you have
11 made.

12 There are types of criminals who
13 quite understandably arouse the antagonism, or fear,
14 of the police. It seems to me, that this is understand-
15 ably the case of an armed robber, a person who has a
16 pattern of violence. Yet violence does not ordinarily
17 occur with the heroin addict.

18 What is it, in your judgment, that
19 leads to the response that the police make? Is this
20 purely a question of diligence in executing the law, or
21 are there a series of attitudes and judgments lying

22 (Page 62 follows).

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2 behind this, that go beyond what diligence could lead
3 to?

4 MR. SYMONDS: Well, I/ think both are present, the
5 Drug Squad officers seem to be selected, and are un-
6 questionably deemed to be selected by the addict pop-
7 ulation, by some people in society at least, and a lot
8 of lawyers that I can think of, including myself, not
9 only for their physical stature, but for their peculiar
predilections to violence.

10 There have been newspaper articles
11 recently, there was one in the Vancouver Province, on
12 Detective Bill Donald who was renowned as "the choker", and
13 headed "The Choker" and he was in Weekend Magazine about four weeks ago. It was/
14 talked about Bill Donald who allowed himself to be
15 photographed, and had it published, and there were no
compunctions whatsoever.

16 He is only one of many, who seem to
17 get their jollies in knocking people around, doing that
18 kind of thing, it is a fringe benefit, as it were, that /
they
19 enjoy being on the Drug Squad. It is sadistic, it
20 seems unreasonable -- I wish I didn't have to say this,
it seems extreme, but it is simply obscene.

21 THE CHAIRMAN: Thank you for coming
22 today, and of being of very helpful assistance to the
23 Commission, and we call now on Mrs. Luckwurst.

24 Thank you, Mr. Symonds.

25 We have to leave soon for the
26 University of Winnipeg.

27 MRS. LUCKWURST: Mr. Chairman, my
28 remarks -- my presentation is brief.

29 It is very unsophisticated, and it

1 is probably terribly naive, in comparison to all the
2 learned presentations that have been made to you.
3

4 I am a parent, and as such, I am
5 most interested in what seems to be today, the crucial
6 problem facing youth, and it is going to face my children.
7

8 It is not a new problem, because
9 every society known to man has had the problem of drugs,
10 and every society has prohibited it by law. Countries
11 that have used marijuana over long periods of time, and
12 not that it is just an overnight problem here in
13 Canada, countries that have used marijuana extensively,
14 India, Egypt, and China, they have imposed very severe
15 penalties.
16

17 What you read in the studies in
18 Africa and India indicate that the society has been
19 debilitated by the use of drugs, over long periods of
20 time, and extensive use.
21

22 The governments have considered the
23 use, the widespread use, the grave problem which calls
24 for severe penal codes, and thus severe penalties. I
25 refer to studies in India because we haven't got studies
26 here. They haven't been developed, because we haven't
27 had the problem long enough to gain our attention.
28

29 The study in India by Chopra, indicate
30 that psychosis occur with the heavy use of potent forms
of marijuana.
31

32 I understand that there are all kinds
33 of marijuana. What is potent? What are the standards?
34 What is heavy marijuana?
35

36 The North African studies have shown
37 that the results in personality changes, the extended
38

use of marijuana results in dependency, apathy, reduced effectiveness in work situations, and in social situations.

Now, if these countries with their long history of marijuana use are continuing to regard as a major problem, and if they are continuing to impose severe penalties, I don't believe that our country with its drug problem that is almost overnight, almost gained proportions overnight and is not of long standing, should make hasty changes in our laws, without a long hard look at what is happening in these countries that have got some long standing use, and effects of this use.

And in the light of the history of marijuana use, I can concur with society's right to suppress drug addiction on the grounds that it is harmful to the individual, and to society, and also the philosophy of law and government that says that individual rights may be invaded for the general welfare, and also to protect the individual from harming himself.

I feel that the evidence that it is harmful in these other countries would support my supporting that proposition. Illegal use of drugs continues to be a crime.

But, universally, / people are beginning to recognize it as a disease, and then I -- when I am here, I find that it is neither -- there is a view that it is neither a disease, or a crime.

But in the meantime, the criminal law regarding the use of drugs is being attacked on all sides, but I think the legislators must be careful that they are not being pressured into changes by an anxious public, which is demanding severe penalties and stricter

2 laws, to get this drug abuse off the streets, and I don't
3 think that legislators should be pressured either, by
4 people who wish to use the drug, and are anxious that it
be legalized fully.

5 And then we here have to be careful
6 that we don't pressure you people into decisions, and
7 I think this is what happens when it becomes "What are
8 we going to do today" problem.

9 Then legislators may be pressured
10 into passing unsuitable laws. And then we have to ask
11 what is the way of handling the use of drugs, and from
12 what I have heard here, ^{for} every argument opposing the use,
13 there is another argument supporting the use.

13 It is said that marijuana has been
14 acquainted in law with ^{the opiates.} But in many more respects, it is
15 closer to alcohol and the hallucinogens.

16 Neither side seems to be able to
17 prove whether or not the use of marijuana results in
18 criminal behaviour. There are those who say it does,
19 and there are studies that say you are so apathetic and
20 lethargic after using marijuana, that you don't have the
21 energy to commit a crime.

21 There isn't even a consensus of
22 opinion on how an education program should be carried
23 out.

24 On the one hand you might say -- one
25 side would say we must go in the schools and tell them
26 that marijuana is harmful, and then the other group that
27 say, but it's not harmful, that's why we want to legal-
28 ize it.

29 And so there is not a consensus even
30

2 on this. I heard on the radio this morning, on a popular
3 phone-in... program, that the announcer said that, well,
4 it is now believed -- that the use of marijuana is not
5 harmful, and I thought, well, I didn't get that opinion
6 yesterday, I had got the idea that it was terribly harm-
7 ful.

8 And he also said that it has also
9 become -- we are coming around to the belief that it
10 should be made legal. And I didn't feel that. But this
11 is the kind of education that has been so confusing,
12 because if you happen to tune in to one speaker, he is
13 advocating one thing, and there is no consensus from the
14 group feeling the other way.

15 The effects of marijuana have often
16 been equated with the effects of alcohol, and I feel
17 that ^{if} we can certainly call alcohol a drug in the social
18 sense, I think we can call the abuse of alcohol danger-
19 ous in the social sense. But then, what is the best
20 way to regulate drugs, in order to avoid the same danger-
21 ous behaviour that is resulting from the use of alcohol.

22 If legislation were to ^{lead to the} increase
23 availability of drugs, that is, legalize their use, the result
24 is that society would have to face greater amounts of
25 dangerous behaviour. I think if you took a bunch of
26 crime statistics for whatever they are worth, and
27 took out the element of alcohol, you would almost
28 eliminate the Indian population from crime . I just
29 wonder if any of the sophisticated youth and any of the
30 professors have an answer as to just
31 how the Canadian Indian ^{would} handle free use of drugs. He
32 is being treated very badly at the moment, because of

his use of alcohol; his misuse of alcohol. If it's freely available, how is the Indian going to handle it? How are children under sixteen going to handle free use of marijuana.

If it is not harmful, as it is claimed, why discriminate on any age level, and why discriminate for any race?

I conclude though, from all the opinions expressed here, that the body of knowledge that we had acquired about drugs, is not adequate to make a sound judgment about marijuana and other dangerous drugs.

I think that all the judgments here are valued judgments, and until they are proven facts, I don't think we will be able to make adequate policy, and I am talking about long term policy, not what can we do tomorrow because we have the situation on our hands.

I don't know who could make judgment as to what is drug use, and what is abuse. You could say here, that a line is drawn, you have abused it, you have used it. I have listened to both sides, and I can't find any consensus in any shape, of the best use of drugs.

I have heard it said on both sides, that statistics are not the least bit reliable; one side brings in statistics to prove their point, and the other side can do the same thing. And I have heard speakers decry the lack of clinical studies, and I have heard it suggested that what we need is research into these drugs, why is it used; who is using it; what kind of results; what kind of treatment is there; what controls would be effective; what are the long term results of use; and I don't think that until we

1 acquire this knowledge, we can formulate any effective
2 policy into the non-medical use of drugs.
3

4 I think that this Commission is a
5 very important step in acquiring some of this knowledge,
6 but as the young people say, what are we going to do
7 in the meantime; everybody is going to jail because they
are breaking the law.

8 Well, I think that we can press for
9 money for these research programs. I think we can press
10 for money for treatment centres, investigating/-- I think
11 we can press for money investigating the educational
12 contents that should go into a drug program for the
13 public.

14 I feel that after hearing Mr. Symonds,
15 that we certainly should be investigating any equalities
16 in the existing laws. I feel that if every minority
17 group had somebody like Mr. Symonds on his side, we would
18 uncover identical problems that he has uncovered -- dis-
19 covered in the enforcement of the law, with regard to
minority groups.

20 I would hate to be an Indian who was
21 drinking on the Reserve, and be picked up by the Mounties
22 because they are an easy mark, as he said.

23 While at the Yacht Club everybody is
24 having a party, and climbing into boats, and I think
25 this is not particularly typical of drugs, but it
points out the need for investigating equalities in
the existing law.

26 But I think above all, that we
27 should discourage the young people from opting out
28 into this world of relaxation, when reality appears to
29

2 offer some discomfort, and the world is full of dis-
3 comforts today.

4 Viet Nam, the conflict between
5 generations, the status of youth in the academic world,
6 infringement on the individual rights; but I would
7 rather encourage these people to meet these problems
8 squarely, and to work to improve these situations, rather
than tuning out into a world of legalized euphoria.

9 Thank you.

10 THE CHAIRMAN: Thank you very much,
11 Mrs. Luckwurst.

12 MR. CAMPBELL: May I take it, that
13 your position is that if a drug is shown to be physically
14 harmful to the individual, or to lead to behaviour that
15 is socially dangerous, that that drug should be prohibited
by law.

16 MRS. LUCKWURST: Yes.

17 MR. CAMPBELL: Well, now, since we
18 know that both alcohol and tobacco are drugs, alcohol
19 is a highly dangerous dependency producing drug, withdraw-
20 al of alcohol to an alcoholic can cause death. Nicotine
21 obviously causes death, the evidence is overwhelming.

22 The behaviour of people under the
23 influence of alcohol causes enormous numbers of deaths
24 each year, and it will go on causing far more, plus
other types of tragedies.

25 Do I take it that your position is
26 tobacco?
that criminal law should prevent the use of alcohol and /

27 MRS. LUCKWURST: No, I feel that
28 as long as society has had the free use of alcohol and
29 tobacco, you can't then prohibit, but I feel that because

2 society has not had the free use of drugs, that with
3 the experience of the dangerous aspects of alcohol, I
4 question how we can ask for the same problems which could
result from the free use of drugs.

5 MR. CAMPBELL: But ⁱⁿ many areas a
6 third of our young people are using marijuana, and what
7 they would say to you, I think, is, you are supporting
8 your drug, you are supporting the drug you older people
9 use. Why can't we have the drug that we choose to use?

10 MRS. LUCKWURST: And my answer would
11 be, two wrongs don't necessarily make a right, and if
12 society is able to use one socially dangerous drug,
13 it doesn't mean that it should be able to equally use
14 socially dangerous drugs, now that we know the danger-
15 ous behaviour that results from -- the only reason that
16 I would say -- that I would not ^{look upon} / the prohibition of
17 alcohol is because of the ghastly results that trial
and error has shown us. result from prohibition.

18 MR. CAMPBELL: Do you think there
19 is any risk from the same results coming from the pro-
hibition of marijuana?

20 MRS. LUCKWURST: Marijuana is already
21 prohibited, and is -- in my own mind, this is the differ-
22 ence that I feel.

23 THE CHAIRMAN: Thank you. There is
24 a gentleman at the microphone.

25 THE PUBLIC: Ma'am, is ^{it} the alcohol,
26 or the society, is it the marijuana, or the society, is
27 it the LSD or the society?

28 Do you say that the drugs are
29 causing the problem, or maybe the people that are

2 taking the drugs are causing the problem?

3 Maybe is it the use of the drugs
4 that is causing the problem. Maybe it would take ten
5 years before a decent study could be made.

6 In marijuana, if a study was made,
7 it would make a great deal of difference if the samples
8 of marijuana were taken, where it was harvested ~~tree~~ days
9 before pollination or one day after pollination, in what
the study did.

10 The Wheel Study, which was made in
11 Boston and published in Science Magazine, came to the
12 conclusion that you couldn't tell whether somebody was
13 stoned on marijuana unless they told you. They said
14 that over a great prolonged period of time, that the
15 only effect of marijuana could be, and may be, was an
increased feeling of manual dexterity.

16 They said that the only ill effect
17 was maybe, for a short period of time, the naive user,
18 and that was a person who had ^{not} taken it over a long
19 period of time, was that his manual dexterity was
20 slightly decreased, and I say slightly decreased.

21 THE CHAIRMAN: Lady at the micro-
phone.

22 THE PUBLIC: What has marijuana done
23 in other countries, I would like to know.

24 MRS. LUCKWURST: Well, this is what
25 I would like to point out, that before we say it isn't
26 harmful, we have a look at other countries that have
27 said it is harmful over long periods of time, and they
28 are talking about people who have smoked marijuana half
29 of their lives.

2 THE PUBLIC: What other countries?

3 MRS. LUCKWURST: India, China.

4 THE PUBLIC: It is not illegal in
India.

5 MRS. LUCKWURST: Oh, my information
6 is the penalties are very severe and very strict, and
7 that they have curtailed the use of marijuana.

8 THE PUBLIC: It is the only country
9 in the United Nations that has not banned the use of
10 marijuana.

11 MRS. LUCKWURST: I am sorry, then.
12 I am reading outdated material. The incidence ^{said} that
13 strict government enforcement had curtailed the use of
14 marijuana to point five percent.

15 THE PUBLIC: I would also like to
16 know why you believe that people who use drugs, any
17 type of drugs, and including the amphetamines, heroin,
18 LSD, marijuana, hashish, are opting out of society?

19 MRS. LUCKWURST: Because of what
20 I have read, sort of. I don't know anybody who uses it.

21 THE PUBLIC: Have you talked to
22 people who use drugs?

23 MRS. LUCKWURST: No. I haven't.

24 THE PUBLIC: I think talking to people
25 who use drugs would make more sense than reading newspapers.

26 MRS. LUCKWURST: Mind you I don't
27 know why people want to be a prostitute either.

28 THE PUBLIC: Isn't that a morality
29 question, and I think that is their business, and I
30 think using drugs is their business.

31 MRS. LUCKWURST: You see, I haven't

2 found any consensus, -- I haven't been able to feel that
3 what I read is relevant to what other people have read.

4 THE PUBLIC: I am not talking about
5 a second hand account. I am talking about people who use
6 the drug.

7 MRS. LUCKWURST: I would be worried --
8 I would like to see an Indian on pot, and say, how do you
9 feel?

10 THE PUBLIC: Maybe that's why the
11 Indian has gone to alcohol. Probably I would say mari-
12 juana is less harmful than alcohol.

13 THE CHAIRMAN: I think we have to
14 leave, and I wonder if I could hear the lady from the
15 microphone.

16 THE PUBLIC: Well, I have heard from
17 a reliable doctor here in Winnipeg, a psychiatrist, who
18 has done studies on drugs, say that in the Middle East
19 and in the Far Eastern countries, cannabis is different
20 from the cannabis root, Mexican cannabis root, and the
21 effects are much more harmful, and that in the first
22 League of Nations meetings where marijuana was put on the narcotics list
23 in North America was because the Middle Eastern auth-
24 orities, or medical people, claimed that something like
25 twenty-five percent of their mental hospital admissions
26 were due to use of cannabis resin, whatever.

27 But studies have proven that the
28 Mexican cannabis root is quite different. The point I
29 had, was that the moral question is still involved here.
Does the law have the right to decide on the moral stand
for not only kids, but for anybody, what form of relax-
ation they can use, but I don't -- I wouldn't call it

an escapism. If you can have a cocktail before dinner, every night, it is certainly not to escape the world, you know, it is just to relax before dinner, so a kid isn't to do -- to do up on a week-end is not trying to escape the world, he is just trying to, you know, have a little fun out of life, and I don't think that is wrong, especially when they don't harm themselves, or it hasn't been proven that they harm themselves, and they certainly don't harm other people.

They are not as violent/^{as} on alcohol,
they are very gentle, loving people, and I just don't
think that is wrong.

MRS. LUCKWURST: I respect your view.

THE CHAIRMAN: Thank you very much, Mrs. Luckwurst, for your assistance this morning. I think we will have to adjourn now.

We are going to -- I wonder if Mr. Hinteluff will come to the table. We are going now to the University of Winnipeg, Wesley Hall, we will reconvene here at 2:30 and we will hear the Manitoba Medical Association this afternoon.

--- Upon adjourning at 12:20 P.M.

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1 COMMISSION OF INQUIRY
2 INTO THE
3 NON-MEDICAL USE OF DRUGS

4 COMMISSION D'ENQUETE
5 SUR L'USAGE DES DROGUES
6 A DES FINS NON MEDICALES

7 BEFORE:

8 Gerald LeDain, Chairman,
9 Marie-Andree Bertrand, Member,
10 Ian Campbell, Member,
11 H. E. Lehmann, M.D., Member,
12 J. Peter Stein, Member,
13 James J. Moore, Executive Secretary.

14 COUNSEL:

15 J. Bowlby, Q.C., Counsel for the Commission.

16 RESEARCH:

17 Dr. Ralph Miller,
18 Dr. Charles Farmilo.

19 SECRETARY TO THE CHAIRMAN:

20 Vivian Luscombe.

21
22
23
24 November 14, 1969
25 Afternoon Session
26 Winnipeg Auditorium
27 WINNIPEG, Manitoba
28
29
30

1 COMMISSION OF INQUIRY INTO THE NON-MEDICAL USE OF DRUGS

2 Afternoon Session.

3 at The Winnipeg Auditorium, Winnipeg, Manitoba,

4 November 14, 1969.

5
6
7 --- Upon commencing at 2:30 p.m.

8 THE CHAIRMAN: Ladies and gentlemen,
9 I call this hearing of the Commission of Inquiry Into
10 the Non-Medical Use of Drugs to order.

11 I apologize for keeping you waiting.

12 We have been a little rushed over lunch at the University
13 of Winnipeg.

14 I call now upon the Manitoba Medical
15 Association, to present their brief. Is it Mr. Sprague?

16 DR. DAVIES: It is Dr. Davies, Mr.
17 Chairman.

18 Mr. Chairman LeDain, and members of
19 the Commission, this brief which I propose to read has
20 been presented to you yesterday, and it is an expression
21 of the democratic voice of the doctors of this Province.

22 We have been meeting for a period of
23 about one and a half years, on a Committee which we call
24 the Drug Abuse Committee, and this Committee is not
25 unanimous in their opinions, as perhaps the rest of the
26 nation is too.

27 However, we decided to make a presentation
28 to you, and perhaps you will feel that is somewhat
29 of a watered-down opinion, but we feel it is a
30 consensus.

The Manitoba Medical Association,

1

2

2 through its Executive and Drug Abuse Committee, feels
3 that the entire area of chemical comforts requires a care-
4 ful appraisal. The terms of reference should include all
5 chemicals used by man which affect the mind, whether
6 prescribed by doctors or self-administered. The arbi-
7 trary boundaries which place such chemicals in legal or
8 illegal, moral or immoral categories, based on the age
9 of the user or the possession of a prescription, are
open to question.

10 Doctors have been aware, and have
11 given expression of opinion in the management of medical
12 diseases arising from the use of alcohol and tobacco.
13 Both therapeutic and prophylactic measures require con-
14 siderable psychological involvement. The same is true
15 for the various mind drugs such as barbiturates, tran-
16 quilizers, amphetamine stimulants, marijuana, LSD, DMT,
17 STP, heroin, morphine, codeine (and many more), including
commercial solvents.

18 The widespread acceptance of alco-
19 holic beverages and prescription drugs into the cultural
20 pattern has laid the foundations for further mind-drug
21 experiments. Dependence on such drugs suggests that
22 the user has a psychological problem arising either from
23 inborn personality weakness, inadequate family atmosphere,
or stressful social forces, or all three.

24 If any person experiences ego rein-
25 forcement by success in making real friends, holding an
26 interesting job, achieving in sports or music, or being
27 successful in academic advancement, it is unlikely he
28 would become dependent on drugs, although he may seek
experience.

29

30

1
2 A significant number of teenagers do
3 not have the above qualifications, and are out to prove
4 themselves by acts of bravado or rebellion. The drug
5 mystique provides the stage for these young people.
6 Others may have a more profound personal reason, in that
7 they are self-haters seeking escape from chronic depression.
8

9 Some of the medical concern here in
10 Manitoba, we feel that number one, we have a health problem.
11

12 Doctors see the results of panic with
13 uncontrolled trips, accidents due to loss of perception
14 and judgment, vascular damage from stimulants, and
15 infectious hepatitis to name only a few.
16

17 We see a mental health problem. It
18 appears that psychic dependence on any drug results in
19 further loss of self-esteem, and the inability to maintain
20 friendships and productivity.
21

22 The alienation, estrangement, and
23 egocentricity lead to loneliness and unhappiness.
24

25 We feel that there is a problem in
26 research, because of the lack of scientific facts, and
27 this has been reiterated over and again. Doctors have
28 been reluctant to advise aggressive therapy. Funds
29 should be made available in each large urban area.
30

31 We feel that the laws have been
32 somewhat harsh, and that the readjustment of the legal
33 apparatus is required to allow treatment, free from
34 legal involvement, for the immature and confused, as
35 well as to allow research by the medical profession.
36

37 I am pleased to hear that Mr. Munro
38

1 has seen fit to make an announcement in this area.

2
3 The doctor's role, is:

4 1. Maintain communication with drug
5 users by being available, understanding and objective.

6 2. Avoid distortion of pharmacologic
7 facts, particularly fear deterrents based on conjecture.

8 3. Avoid empathy or reactionary
9 moralizing.

10 4. Participate in multi-discipline
11 committees.

12 5. Exercise self-discipline within
13 the medical profession to control loose prescription
14 habits, and to foster a greater understanding of patients'
15 attitudes towards drugs.

16 We feel that in the Metro Winnipeg
17 drug scene, referring mainly to the use of marijuana,
18 glue sniffing, LSD, amphetamines and heroin, during the
19 last five years the incidence has increased from
20 hundreds to thousands; in otherwords a tenfold increase.

21 Actual counts are fraught with
22 error because of the legal threat. Information comes
23 from professional discussions with users at schools
24 where they have educational commitments in institutions
25 and in private offices.

26 The admissions to hospitals, police
27 arrests, and the confiscations of drugs help in only a
28 minor way to establish the incidence and nature of drug
29 abuse.

30] It can be estimated, and this is
simply a guess, that the cost of drugs for illegal pur-
poses for Metro youth comes close to One-Million dollars

1 annually.

2
3 Parents come to doctors seeking
4 help, and this is where we feel we have a real involve-
5 ment, and perhaps the general population do turn to
6 doctors first in this regard, seeking help for their
7 drug-using children.

8 This brings to light the fact that
9 parents are desperately afraid of the extensiveness of
10 this unknown danger, now being brought to the public's
11 attention by the news media. Parents need professional
12 help now. Parents feel that the law should protect
13 their children from drug pushers, and are confused that
14 the children should flout the law so blatantly.

15 Many doctors are not well versed in
16 the management of drug dependency. I am sorry to say
17 that, Mr. Chairman, but we do feel that there will be
18 many who are interested, and easily recruited into a
19 program.

20 Those who are knowledgeable are
21 already overburdened, and this is particularly true in
22 our psychiatric division.

23 The recommendations then--although
24 scientific facts are difficult to accumulate and assess,
25 considerable study is in progress, and a few objective
26 programs have merit - - -

27 The Manitoba Medical Association
28 recommends the establishment of a multi-discipline
29 professional coordinating task force under the auspices
30 of the Provincial Government.

31 Mr. Chairman, I would like to state
32 now, that it has been one year since we made this

1 official request to the government to do so, and we are
2 still mulling over it and trying to come to terms in
3 the areas of reference.

4 It is a very difficult thing to even
5 establish.

6 The objectives then, are:

7 (a) To stimulate and coordinate
8 research.

9 (b) To manage research funds.

10 (c) To develop a public education
11 program.

12 (d) To improve facilities for
13 patient care.

14 We have in Manitoba, actually a
15 birth of facilities for patient care, not only on the
16 street level, but a longer term: psychiatric beds for
17 people who are seriously dependent.

18 In order to achieve these objectives
19 the Manitoba Medical Association is prepared to under-
20 take the following obligations:

21 (a) To assist in the development of
22 pharmacological and psychological facts required for any
23 educational program.

24 (b) To continue to stress the
25 importance of drug management in undergraduate and post-
26 graduate medical education.

27 (c) To assist in the accumulation
28 of data required for a research project into the nature
29 and incidence of drug use in Manitoba.

30 (d) To continue to provide expert
personnel for public education and interaction.

(e) To establish a standing committee of the Association to maintain continuous surveillance of drug use in Manitoba.

This is already being done. The medical profession is already deeply involved in, and committed to, many of the above proposals.

The problem is acute. Immediate steps must be taken to attack the problem. The Manitoba Medical Association feels that government involvement, both financial and organizational, is essential to the success of the program outlined above.

As a post-script, Mr. Chairman on a more personal basis, you might say that we are surrounded by the goodies of living. We have comfortable homes, Hi-Fi stereo, colour T.V., luxurious cars, beautiful clothes, and every variety of food. For many adults these symbolize rewards for hard work, and by this surge of self-esteem give happiness, as well as physical pleasure. Teenagers raised with

these goodies do not recognize these symbols. Their happiness is dependent on becoming more intimate with their friends. Their surge of self-esteem comes from the pleasurable response of their friends, to overtures of interest and service.

This is free to anyone with money, or power or prestige. Many teenagers are too self-conscious, or self-deprecating to become intimate. They are afraid of possible rejection ^{trust} the development of/ that intimate relationships are rewarding and within reach for them as a function of the family.

Failure to find the happiness or surge in self-esteem, by success and friendship or achievement often turns the youths into dreams, wishful thinking, fantasy and dreams may bring temporary happiness.

Our youth, and any youth that is, have found what dreams are made of in pot and in acid.

Taking drugs is not an ego-sustaining achievement. We have been trying to teach our teenagers by making them afraid of going to school. We are trying to teach them that -- really we are trying to teach them that dreams are only a substitute for happiness, and fear has been wrong too, in raising these children.

I don't think we are getting through to them. This is their message. I would like to assure all of those in the audience who still feel the necessity of drug use, that there are doctors and other trained personnel in Winnipeg ready to assist people to mature beyond the dream stage, and to self-respect and real happiness.

Thank you, Mr. Chairman.

THE CHAIRMAN: Thank you, doctor.

Are there any questions, or comments?

Yes? Would you come to the microphone please.

THE PUBLIC: Yes, I would like to know your statistics for a million dollars a year in Winnipeg. As you said, it was a guess, but you must have guessed somehow.

DR. DAVIES: Well I figure that in Metro Winnipeg there is something in the neighbourhood

1 of four hundred children between -- up to say twenty-
2 five, four hundred thousand children, and half of them
3 would be between the ages of say, thirteen and twenty-
4 five, so that would represent about two hundred thousand,
5 and that the incidence of drug use is probably five
6 percent, or maybe a little less, that would bring it
7 down to about five thousand kids using drugs, and prob-
8 ably spending an average of five dollars a week, and that
9 comes to about a million and three hundred thousand
10 which probably is a very modest estimate. . .

11 THE PUBLIC: Well, let us say that--
12 the generation gap will be bridged here for a second --
13 say that is the way you look at it, and the way I look
14 at it, there might be more involved in it.

15 Out of the thirty-five thousand
16 school children in Winnipeg, possibly taken from grade
17 one right through to grade -- and not counting the
18 university of which seventy-five percent turn on -- this
19 is just talking about marijuana alone now; that's all.

20 Out of the thirty-five thousand
21 included another five thousand, you've got fifty percent
22 use drugs.

23 Now, if you take this into what you
24 say, one million dollars, and divide that by fifteen
25 thousand people in Winnipeg that turn on with marijuana,
you find you come out that the average person spends sixty-
six dollars a year on weed.

26 Now I don't think that is quite
27 right, because that is just taken if you can buy one
28 gram of hash a month, which comes out to one hundred
29 and twenty a year per person.

2 That will mean a gram of hash every
3 month to two grams or three grams, depending on how badly
4 you are addicted. Or how high you want to get.

5 But at that rate anyway, it comes
6 out to be a hundred and twenty dollars a month per person
7 to two hundred and forty dollars a month per person,
8 which comes out to be one million eight hundred thousand
9 dollars a year, to three million six hundred thousand
dollars a year, in Winnipeg alone.

10 That is a very minimal figure, and
11 you say that George Crowle has the guts to get up and
12 say there is no organized crime in Win., with

13 a three hundred million
14 dollar racket right here. You're putting somebody on.
15 It's not us, we're too high. We don't care.

16 These are all real figures, but if
17 you figure out how many students are in Calvin High
18 School, I think it is close to fifteen hundred more,
19 two thousand, and between, more -- fifty-five percent
20 of them turn on regularly, and you say that ninety per-
cent of them have tried it at one time or another, and
21 somebody got a headache and somebody got sick and they
didn't dig it, so they quit it.

22 So another fifty percent, let's just
23 say they spend a dollar a week per student. There you've
24 got twelve hundred dollars per high school per week, so
25 that runs to about five hundred thousand dollars a month
at each high school -- if you are going to be pushing.

26 Or if anybody wants the concession
27 for Calvin, put your bid in, really.

28 So there is how many high schools in
29

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2 Winnipeg? So there you have got right there alone,
3 fifty thousand dollars a month just from the high schools
4 alone. Not counting the universities or people that
5 don't go to school, the drop-outs, or the ones that are
6 working, so I think your million dollar figure is very
7 small.

7

8 DR. DAVIES: For the confirmation
9 of your modest estimate, it is actually to impress the
10 gigantic cost of this thing, to students, that we brought
11 the figure into existence.

11 THE PUBLIC: May I say something
12 again?

12 Your material world stinks, so I
13 mean, I don't want your Cadillac, your ElDorado, or your
14 fifty thousand dollar house, and so that leaves a lot
15 more money available for such, what you call, you know,
16 goodies.

17 I mean, who wants forty-five dollar
18 leather pants like some people do. But the kids at the
19 university, the educational system, and we are the total
20 revolution that is going on right now, both cultural,
21 educational, in society that is going to have to change.
22 Drugs are just part of it.

22 You run up against something that is
23 so ugly that it stinks so badly the only thing you want
24 to do is, your hand is shaking when you reach for the
25 joint.

26 I can't understand -- the Federal
27 Drug Inquiry, your Board is not going to make its
28 presentation until 1971, in another year, and in the
29 last five years you have admitted in Winnipeg it has

30

1 increased tenfold. What is going to happen in the next
2 year? You can't build prisons around high schools.
3 I mean, that would be a drag. I mean, you know, build
4 barbed-wire fences and all these Projects Turn Off that was
5 the papers the other day, where they are searching
6 lockers and stuff with police dogs.

7 I mean, holy cow, there has got to
8 be some better way. I mean, is that what the Board is
9 trying to find out, I hope?

10 I mean, I just can't see Calvin High
11 School with a thirty foot electric fence around it. It
12 doesn't make sense.

12 THE PUBLIC: Sir, I would like to
13 ask you who you are to say, whether my dreams are made of
14 fantasy, whether I am happy or not?

15 DR. DAVIES: In the normal develop-
16 ment of the human through adolescence, there is a period
17 of which dreams substitute for achievement, and this is
18 something that is accepted as a normal process, and is
19 not pretended to be a way of life for any extended
20 period of time, and it gives a certain amount of satis-
21 faction to young people to brag and to pretend, and so
22 on, and the use of drugs extenuates this ability to
23 enjoy fantasy and dreams.

23 THE PUBLIC: Supposing I wanted to
24 make my life out of dreams, not just my adolescent
25 stage. Am I wrong? Am I psychologically handicapped?

26 Or if I am psychologically handicapped
27 by your standards, who are you to say that I should not do
28 it?

29 DR. DAVIES: I am not setting

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13

2 standards. I am interested in you as an individual, and
3 this is why doctors will not generalize; or have ---

4 THE PUBLIC: Me as an individual.

5 I am content to make fantasy my life.

6 DR. DAVIES: We know from a great
7 deal of experience, a great deal more than you, that the
8 way to happiness is for people to become attuned to one
9 another, and unfortunately, fantasy life and the use of
10 drugs separates people, and it does not lead to happiness.

11 THE PUBLIC: That is your opinion.

12 THE PUBLIC: Why do you purport the
13 drugs cause fantasy -- a fantasy happiness. I have --
14 you know, there is no fantasy happiness.

15 DR. DAVIES: It is difficult to
16 speak to people who will represent their own impression,
17 and not --

18 THE PUBLIC: You can't generalize.
19 It is your own impression. Every drug--affects every
20 individual, individually/a different way. You can't
21 speak in any other way.

22 I can only say what it does
23 to me, and if you have to speak in generalization then
24 it is almost useless to speak.

25 I would also like to say -- you made
26 a statement that parents are afraid of an unknown danger.
27 How can something be dangerous if it is unknown?

28 DR. DAVIES: That is what the most
29 fear of adults now is against things which are unknown.

30 If you have a mob, and you don't
31 understand why the mob broke your window, you are fearful.

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14

2 and angry, and the young people are producing by their
3 demonstrations of fearful and angry reaction by the
4 Straights.

5 THE PUBLIC: If you are fearful and
6 angry of me, why are you fearful and angry, because it
7 is unknown? Does that make you right?

8 DR. DAVIES: I am not talking about
9 right or wrong.

10 THE PUBLIC: Well, you are fearful
11 and angry at me. I want to know why.

12 DR. DAVIES: I am not speaking as
13 the Straights, I am trying to tell you what ---

14 THE PUBLIC: You are speaking -- well
15 you purport to speak for -- you said for adults.

16 DR. DAVIES: I am speaking for doctors,
17 for psychiatrists and people who understand you, better
18 than you understand yourself.

19 THE PUBLIC: I don't think that is
20 possible in any level, shape or form.

21 DR. DAVIES: It is possible, and it
22 is demonstrated very well by your confusion and so on.

23 THE CHAIRMAN: The gentleman on the
24 right

25 THE PUBLIC: You go by the philosophy
26 like my parents. You point the finger out and say we are
27 doing it for your own good, and you will thank us for it
28 later. We are cutting off your left hand, but you won't
29 pick your nose anymore.

30 I don't want anybody telling me what
31 is right for me. I mean your reality sucks; it is a
32 crutch. Your war, your poverty and that record that

1 Art Linkletter just came out with, that forty-five disc
2 of shit, that guy said "Maintain your --" what was the
3 word, "your heritage, hang onto your heritage which
4 includes slavery, war, poverty, housing discrimination,
5 bigotry and hypocrisy."

6 Hang onto it? My god, man, we are
7 going to overthrow it. We don't want it. You can have
8 it. You can take it and put it into a hypodermic needle
9 and do whatever you want with it.

10 THE CHAIRMAN: The gentleman on the
11 right.

12 THE PUBLIC: I wasn't aware of the
13 difficulty that you may have been
14 suggested. I thought you might be interested to know
15 that CRYPT has also been aware of this problem, and
16 worried about how little it could do, and The Community
17 Welfare Planning Council was also concerned, and after
18 some discussions the Planning Council has asked Dr.
19 Austin of the Winnipeg General Hospital to Chair a
20 committee that includes representatives from most of
21 the concerned areas in society, and I believe that Dr.
22 Davies has agreed to sit on this committee, and it has
23 already been meeting.

24 DR. DAVIES: That is my name, and I
25 agree that this is a useful thing.

26 THE PUBLIC: Dr. Davies, I would
27 like to say that I highly respect your position as a
28 Member of this Board, and I find it very heartening to
29 find your comments are on the whole, quite enlightening.

30 I would like to take you to task
for the moment, if I may, for the comment you made this

2 Wednesday evening at a panel discussion at Elmwood on the
3 use of drugs among young people in high school.

4 You mentioned, upon questioning to
5 one woman in the audience, that you personally did not
6 think that smoking marijuana was any more harmful than
7 having an after dinner cocktail. Are you still prepared
8 to defend that statement?

9 DR. DAVIES: When you speak -- when
10 I speak as an individual, then I have to admit that I
11 am perhaps even more aggressive on becoming unfettered
12 from legal entanglements than the youth are of today.

13 However, when I am speaking for the
14 doctors of the Manitoba Medical Association, we feel
15 that we must take a fairly straight stand, and that the
16 tenure of the people of this Metro-area in the Province
17 probably as a whole, is that we are not prepared yet for
18 any legalization of marijuana, but something that will
19 make it more realistic, but still with some controls
20 of pushers and so on.

21 So when it comes down to my personal
22 feelings about the innocuousness of marijuana, it is true.

23 THE PUBLIC: I would also like to
24 comment on your statement when you said that you could
25 not understand what young people are choosing to rebel
26 against the values and the norms of an adult society.

27 I would just like to make a personal
28 comment. My reasons perhaps for smoking marijuana --
29 I admit publicly I do, I have, I have a criminal con-
30 viction, I have been arrested for smoking -- for the
possession of marijuana, and it hasn't deterred me in the
least from continuing to do so.

1 I also would like to say that I
2 also spent a good time in jail, which was perhaps an
3 enlightening experience for me, but I haven't been re-
4 habilitated to any great extent.

5 I found that growing up in a world
6 of adult norms and values was almost being brought up
7 in a very autistic environment, people living in
8 homes with four beige walls, beige rugs on the floor,
9 a beautiful Hi-Fi stereo set in the living room playing
10 Mitch Miller records.

11 I am not arguing against the values,
12 personal values of Mitch Miller records; I am just saying
13 I find these people very, very lacking in perception and
14 I find myself after having smoked marijuana that my per-
ception is greatly enhanced.

15 I place a great deal of value in
16 being able to touch things, smell things,
17 more clearly than I could before. Perhaps I found a
18 much more value in living, and that's why I chose to
19 spurn the values of a society.

20 I don't want a big Cadillac, I would
21 be quite happy to have a Volkswagen, and I would prefer
22 walking because I could see a great deal more walking
than I could driving.

23 Thank you.

24 THE CHAIRMAN: Doctor, I think per-
25 haps some of us would like to ask you some questions, but
26 I don't want to detain you beyond what is convenient.

27 At the same time, it is valuable to
us to hear these. Do you mind waiting a bit?

28 DR. DAVIES: I would be delighted.

2 THE CHAIRMAN: Gentleman at the
3 microphone.

4 THE PUBLIC: Dr. Davies, I would
5 like to lend support to your contention that doctors
6 are not too aware of drug usage.

7 You associated infectious hepatitis
8 with drug use, and I would like you ^{for you} to try to justify
9 this, in light of the fact that incidence of infectious
10 hepatitis is greatest ~~in~~ Manitoba, and the incidence of
drug usage is greater in Winnipeg.

11 I think you are confusing it with
serum hepatitis.

12 DR. DAVIES: Yes, it is true that
13 in Manitoba as a matter of fact, we do not have a real
14 hepatitis epidemic of the type associated with drug
15 use, but in previous experiences, say, in Japan or in
16 Sweden where there was a very rampant outbreak of the
17 use of speed, then there was a very large outbreak of
hepatitis.

18 THE PUBLIC: Was this infectious
19 hepatitis, or serum hepatitis?

20 DR. DAVIES: Infectious hepatitis.

21 THE PUBLIC: Thank you.

22 MR. CAMPBELL: The report that was
23 made to us in Toronto by a psychopharmacologist,
24 suggested that the technology for both drug innovation
25 and drug manufacture may very well have reached a point
26 where it has outstripped the conventional forms of
social control.

27 The fact that you could very easily
28 twist one end of an amphetamine molecule, and you have
29

1
2 got a new drug, the fact that apparently a large number
3 of bright fifteen year olds who are fairly good in
4 chemistry can manufacture speed in their basement about
5 as efficiently as their parents manufactured gin during
prohibition.

6 Have you any views on two aspects
7 on this? First of all the propriety or the appropriate-
8 ness of use of the criminal law to control personal drug
9 use. And secondly, if you choose to see the law used
10 here; in what ways could the law be modified to be
11 effective, if Mr. Clement's points has validity?

12 DR. DAVIES: I have always felt that
13 drug use was a medical jurisdiction. Perhaps drug
14 traffic and the manufacture, sale and so on of drugs, is
a thing which should come under law, legal control.

15 There is no doubt that drug companies
16 are manufacturing and distributing drugs at a really
17 ridiculous extent, and there is far more on the
18 market than possibly can be used, and this must natur-
19 ally mean that a great deal of the material we get on
20 to the black market, and so on.

21 I feel that perhaps there should
22 be some restraint on the manufacture in the legal
23 pharmaceutical companies of the amounts of drugs which
are placed on the market.

24 The further control on the use of
25 drugs, I can't see how this could be legally controlled
26 unless with amphetamines, a great many of the amphet-
27 amines really I feel, have little, or very little
28 place in the medical pharmacopiea

29 I think that we have been conned

1

20

2 into this, and we have gotten now a very dangerous thing
3 by the tail.

4 Personally, I think that for the
5 majority of doctors, they would not miss the drug if it
6 was simply taken off the market entirely. That this
7 would assist in any way, in the reduction of illegal
use of amphetamines, I doubt.

8 And as a matter of fact, I doubt
9 that there is any shortage of any drugs anywhere, and
10 that -- I am starting to get into my own personal opinions.

11 MR. CAMPBELL: You can take another
12 chair and say, I am talking to myself on this side of
the table.

13 DR. DAVIES: And I feel that this is
14 true for alcohol, and for all the drugs -- the restraints
15 according to law by age and prescription, and so on, and
16 price and everything else is completely unrealistic.

17 The stuff is available, it is going
18 --if you want to call it--
to be used by people who want to use it for a hang up,
19 for any reason. They would use one thing or another
20 according to their friends, family, social background;
they will seek out the thing that will give them comfort,

21 whether there is any attempt at
22 control or not. I think, so far as I can tell, there is
23 no real control of the thing. You take marijuana, it is
24 as freely available as anything could be.

25 MR. CAMPBELL: Well, then, if -- what
26 you are saying then essentially, is that the mechanism
27 of law here as a deterrent has simply collapsed, in fact?

28 DR. DAVIES: I think we perhaps are
29 developing a thing which is dangerous. We are asking
the police to do a job which is in the control of moral

30

2 behaviour, which is a very difficult job for the police
3 to do, and they must encroach upon the privacy of people
in order to do it.

4
5 MR. CAMPBELL: Well having said all
6 that, and I presume you are speaking as an individual, why
7 should the law continue to be used to prevent marijuana
use?

8 DR. DAVIES: I can't think of any
9 reason. I think for all these things, we must develop
10 standards, attitudes, moralities, starting at some level
11 and it is hard to know where to break into the level.

12 We say families are comfortable for
13 their children, should we be busy educating people who
14 are about to have children, and what is the logical
15 attitude towards drugs, or should we be teaching young
16 children at an impressionable age, so that they might
17 learn the facts about drugs, both pharmacological and
18 psychological; should we include drug use with other
19 behavioural things which are controversial in human
20 development, like sex education, family life education?

21 I feel that all these things dove-
22 tail, in that if we are going to improve our law and I
23 am presuming on a rather pessimistic point of view, that
24 we seem to be on the downward spiral; in order to reverse
25 this trend I feel that we need an educational program aimed
26 at impressionable youth.

27 MR. CAMPBELL: Tell us, what is it, then
28 that is worrying you, so much more about the drug use
29 of high school students today; than alcohol use by
30 youth?

in Ontario,
Studies show there is far more

1 alcohol used. I mean, someone could literally take the
2 studies and say, "My God, we are turning out a generation
3 of drunks." There is much more of this than marijuana
4 use. Why the difference in the reaction?

5 DR. DAVIES: Well I personally am
6 more concerned about alcohol use. I agree with you,
7 it is far, far more dangerous and I think that our culture
8 to be more fearful, is simply that we are not familiar
9 with drug as with alcohol.

10 But I was talking to a panel the
11 other night, and I suggested to them that they haven't
12 the right to be more fearful, because they have such
13 a terrible bull by the tail in the use of alcohol.

14 THE PUBLIC: Dr. Davies, I came in
15 late, so I missed what I presume was an official presen-
16 tation from the M.M.A.
17 but just having heard implied what that
18 presentation was, I like you much better as an individual
19 than as I like you representing the M.M.A.

20 But on the question of individuality
21 and individual responsibility for just a moment, correct
22 me if my analysis of what went on in the organization
23 is wrong, and if the inference I got was wrong; is what
24 your association is faced with is it personal individual
25 knowledge, that there is in fact nothing medically or
26 psychologically addicting in cannabis, and at the same
any kind of change that
time where / would take cognizance of this fact it
would make them unpopular, or make them lose respect
for them as doctors.

27 Now, if that is the case, doesn't
28 the association have some kind of responsibility to, as
29 you said, education and even more than that. Even if

2 people will not agree to take a stand.

3 If I want somebody who -- if the
4 A.M.A. were submitting a recommendation, I would/take
5 it back to the committee room, and do it again, and get
6 the people together. Get your individual opinion, and
7 that you make to the public
your stand / together, and not be bothered by people
who don't know.

8 Yours is a respected voice. We have
9 counted on your association for more than this. The
10 whole question of individual morality / this is import-
11 ant, I think, and you simply can not legislate the kind
12 of behaviour, and I think that/other medical associations
13 should be the first people to realize this and the first
14 people to come out and make clear to the public and end
15 the conclusion about the physiological addiction to cannibals
is derivitives. DR. DAVIES: That is an interesting
16 philosophical discussion
/ as to which camp do you belong ?

17 Do you belong to the camp of the
18 strict parents, being a conformist, being a success in
19 their way of life; doing what you are told. Are you
20 happy in that way of growing up; or do you belong to the
21 permissive school in which you are allowed to make a
22 choice, a responsible choice, presumably, and grow up
23 with a certain amount of freedom to decide just what
sort of a pattern your life is going to be?

24 Which school do you belong to, which
25 side of the fence are you on? This is really what we
26 are talking about almost every time. Strict discipline or
permissive attitudes? Who is happier?

27 THE PUBLIC: Man has reason and
28 presumes these positions of accepting or rejecting

2 authority are based on reason. Now can not the different
3 people from different
/ sides move from their position, adjust to take the position
of others?

5 There was a point raised at the
6 University of Winnipeg this afternoon, by a rather
7 revolutionary type, who talked about the destruction of
8 society. But I think it would help us a little bit if
9 we would ameliorate and mollify our understanding of
destruction, with perhaps the Indian notion of de-struct-
10 uring and re-structuring.

11 The thing that is de-structured is
12 where human beings live together and the regulations
13 which govern their behaviour among one another, and it
can be re-structured in a different way.

14 And human beings remain, indeed that
15 is the intricate, that is what it is all about. We are
16 not suggesting destruction of human beings; we are sugg-
17 esting de-structuring of something and of re-structuring,
18 in a new way and we ask for reason
19 by which this is made.

20 DR. DAVIES: It is a very interest-
21 ing thing, when one generation imprints upon the next
22 generation, and the new generation decides they will
23 accept this moral pattern or the moral standards of their
24 own, and they feel that in the long run they have had
25 the free choice. But when you compare one generation
26 to the next, there is only very minor change, and it
27 becomes then the process of rebellion, and it is a
28 picodillo in itself, it is a game, and the difference
29 from one generation to the next is not that great al-
30 though the feeling of having free choice is terribly

1 important.

2 THE PUBLIC: I wonder if I could --
3 I would like to make a couple of comments from my
4 perspective, which is that of a criminal lawyer, law
5 professor, and one involved in the drug program in New
6 York for two years.

7 Yesterday someone spoke very
8 eloquently about the absurdity of the marijuana laws,
9 and was asked by one the Commissioners, "Do you think
10 speed should be outlawed?" and he said, "Yes, speed
11 kills."

12 I think people seem to think that
13 what is necessary is to consider different drugs, to
14 isolate drugs one from the other, someone mentioned the
15 proposed new Federal Legislation in the United States
16 which proposes new classifications of drugs.

17 I don't think this is relevant. I
18 don't think it is relevant to say that marijuana may not
19 be harmful, it is less harmful than other drugs. What
20 may happen years from now, is that marijuana may be
21 legalized and when that happens the problem will have
22 passed us by, because we will be yearning for the good
23 old days when people were smoking marijuana, when our
24 young people were smoking marijuana, because they will be
25 using drugs that haven't even been dreamed up yet.

26 This is something we found in our
27 research in New York. We found children ingesting
28 peanut butter and mayonnaise into their systems and I
29 don't know how. . .

30 - Some of the people I worked with
31 could explain, We found that there is research being

1 done to produce drugs which are totally inconceivable
2 at the present time.
3

4 From my perspective, as someone
5 involved in criminal law, I think the issue which we
6 have to face, is what is the proper role and function
7 of the criminal law; and I have to tell my students
8 what the proper function of criminal law is, and I have
9 to admit to them that I hold up criminal law in abject
10 contempt, and I may appear a little agitated because I
11 have worked in the drug area for two years, I haven't
12 developed ulcers and I haven't turned to drugs, although
13 I drink a little more than I used to.
14

15 I have seen so many cases on an
16 individual basis, which have simply torn my heart out.
17 And I think that all the eloquence you can get from
18 Professor Penner, from Attorney Symonds, from other
19 people, probably/make far less an impression on you than
20 the testimony of that young man who spoke this morning,
21 who had a criminal record.
22

23 I think what we are going to have
24 to determine and accept, is that we are living in a
25 pill-popping age that is a phenomena that is going to
26 be with us into the indefinite future, that we need
27 behavioural scientists to investigate the causes of
28 drug use, to determine why people use drugs; determine
29 if people are sick because they use drugs.
30

31 I think we are going to need people
32 to develop alternative forms of social control, to
33 certain
34 educate people not to use/drugs; to attempt to influence
35 people not to use substances which are harmful to them.
36

37 I think these are matters which are
38

1 within the realm of public health.

2 I think we are going to have to
3 turn in either one of two directions. I know in the
4 United States since 1914, we have been determined to
5 employ criminal sanctions against people who use drugs.

6 This policy has not worked, and what
7 do my fellow countrymen determine in Washington: increase
8 penalties, make the laws more harsh. This is all they
9 can think of.

10 If you wish to curb drug use, then
11 you can take one of two approaches. One is of John
12 Mitchell, the United States Attorney General, and I
13 interject
14 shouldn't politics into this, but if punishment
15 is to deter, then punishment must be relatively certain.

16 So then what you do in the United
17 States, is you say "The hell with the Bill of Rights, to
18 hell with the United States Constitution, we are going
19 to lock up everyone. Wholesale arrests. We will lock
20 up millions of people, we will make the situation so bad
21 that no one will use drugs, because they will know damn
22 well that if he does he is going to get caught."

23 Now if you want to do that, you
24 are being honest. If you say you want to curb drug
25 problems in our society, that is one way to do it.

26 The other way is to recognize that
27 it is a problem in the area of public health, that
28 this is not a perfect world, that people are going to
29 use drugs, that we are going to have to learn to live
30 with it, that we are going to have to attempt to minimize
the harms caused by the use of drugs.

31 But employing criminal sanctions is

2 not the way you do it.

3 The unfortunate by-products of the
4 attempt to enforce private morality is exemplified in
5 the enforcement of drug legislation. We could talk
6 about it all day. Attorney Symonds noted examples of
7 police brutality in connection with the enforcement of
8 the heroin laws in British Columbia. If you people
9 would like a full bibliography, believe me I can give
you one.

10 If you wish to consider the dele-
11 terious effects upon our society from the attempt to
12 eradicate the use of drugs by criminal laws, believe me
13 I can give you one brief after another, and then I'll
14 make a statement which I probably shouldn't make, but
I am a bit aggravated, as you can see.

15 I think what will happen here is
16 what will happen in the United States. I stand here
17 and look at the members of the Commission. You argue in
18 your pilot brief as a lawyer. What are the judges
19 thinking; are they on your side; what kind of questions
20 do they ask; and I see people like Mr. Campbell, like
21 Dr. Lehmann, who seem extremely enlightened, who seem
22 extremely intelligent; I say to myself these people
23 will make some decent recommendations, yet I don't
24 think public opinion is going to support you. You are
not going to get politicians to support you.

25 I have had conversations with
26 United States congressmen who would get up on the floor
27 of the Congress, denounce the war in Viet Nam,
28 denounce racism, will admit privately that they think

1 laws are
2 marijuana / terrible, and then you say to them, "Make a
3 statement publicly." and they say, "Do you want me
4 around in Congress next time? I'm keeping my mouth
shut."

5 Actamathician

6 So I may be an living in
7 an ivory tower, but I have lived in the real world for a
8 couple of years, so I will just say to some of the young
9 people here, who seem to make a hell of a lot more
sense than some of the older people in our society,
10 "don't hold up / ^{your} hopes, because nothing is going to
happen.

11 All you are going to do is further
12 alienate the young people in our society, and some day there
13 is going to be real hell to pay, and I just hope I will
14 be around to see it."

15 THE CHAIRMAN: Thank you very much.

16 We call now on the members of the
17 CRYPT, Winnipeg Drop-In Centre.

18 Would you introduce yourselves
19 please?

20 MEMBER, I am Dr. Colin Gillespie.
Jim Russell. Ron Wally.

21 We are members of the staff of
22 CRYPT, and probably everyone here who lives in Winnipeg
23 knows something of CRYPT from the newspapers. Whether
24 it is accurate I am not sure, so I think I will have to
25 say something for everybody's benefit, about what
CRYPT is.

26 I feel I am not simply giving a
27 statement of what CRYPT is all about. I feel that
28 in the process of development of CRYPT's way of going

2 may come to us with a specific problem, "I have been
3 arrested for marijuana use," something like this.

4 This happens to quite a large degree.
5 We can give them specific assistance for this. Many more
6 people come to us who have perhaps a wide spectrum of
7 problems, and these may have some degree of relation
8 to drug use. If I can refer you to the appendix to the
9 brief with perhaps some emphasis on the portion to give
10 you just a picture of drug use within the group that
CRYPT has contact with, as it presents itself to staff.

11 Now we are not making any pretensions
12 about it yet, but this is the way we see it. So that
13 there is quite a high degree of drug use.

14 In some cases, this is specifically
15 related to other problems, or is a problem in itself.

16 However, I feel that perhaps overall
17 experience in working with young people, in being involved
18 in their community, may be of equal interest in providing
19 a bit of an overview of their whole situation, than if
I were to concentrate specifically on the drug situation.

20 The fact that CRYPT is unstructured,
21 the fact that we operate by consensus, that we do not
22 even have a vote to make a decision, as we come to
23 agreement among ourselves, the fact that we do not have
24 any incorporation, any rules, gives us a degree of
25 flexibility that isn't present in any other organization
that I am aware of.

26 This means that when we are talking to
27 young people, we have complete freedom to do it as
28 individuals, and this in turn means that we have complete

1 freedom to regard them as individuals.

2 Now, the result of this is that if
3 I talk to a young person who says to me,--this is rather an
4 artificial question--"Should I smoke grass?" then I am
5 free to say to him what I will, and we have evolved a
6 situation where we try very hard not to superimpose
7 whatever our personal beliefs are, and in this area you
8 would find to a very wide spectrum of personal opinion
9 among the staff of CRYPT, but I would try to find out,
10 "Why does he want to smoke grass?"

11 If you ask me what are my personal
12 opinions as to the reasons for not smoking pot, then I
13 say, "Well it's not legal, that's the only hangup I know.
14 What do you think?"

15 Now this is something that gives the
16 whole situation a rather different aspect, and it pro-
17 vides a situation where young people can relate to us to a
18 much greater degree than is possible for somebody who is
19 working in an agency regardless of what the degree of
20 enlightenment might be, what their opinions might be,
21 they have certain rules, they have the situation and are
22 have to
23 stuck with it, and they more or less pass it on to
24 the individual they are dealing with.

25 The result has been that CRYPT has
26 been seeing a great variety of the social problems
27 experienced, and that would normally be taken to estab-
28 lished agencies such as Children's Aid, or the City
29 Welfare, or the Child Guidance Clinic, and Probation
30 Offices, the whole spectrum.

31 This I feel has arisen to some
32 extent, and is perhaps reflected too -- in the phenomenon

peripherally
that is being discussed in a number of presentations, the question of credibility. I think we have some perhaps enviable advantages in credibility.

5 If I am asked by somebody what/the
6 problem with shooting speed, in contrast to the attitude
7 of one of the officers -- the prosecutors who was talking
8 to you yesterday -- I don't have to be shocked about
9 telling him about sterile needles; I tell him about
10 sterile needles, if he is going to shoot speed, I would
11 rather he did that. I can also tell him what I think
12 about speed. A police officer might feel that he
13 can't make this information available. I think it's
14 crooked thinking, but he seems to be stuck with it, and
15 the overall difference when you look at the results, is
16 likely to be a bit less hepatitis among the people
we get to talk to, and the fact that they might come
back and talk to us.

17 This whole question comes to a head
18 when you look at the situation with the established
19 agencies; in trying to deal with these people today.
20 They get to see people when they have acute problems,
21 when they have been referred by a police officer, or
22 they have been dragged here by their parents. I don't
23 think you will find many persons who have acute
24 problems coming into these agencies. They don't choose
to go to these places voluntarily.

25 By contrast, we have an enormous
26 problem trying to handle the number of these cases who
27 come to us, yet we are there without any special qual-
28 ifications, other than that developed ability ^{from} having
done it. They come despite that we lack any fundamental

2 ability to help them.

3 The situation is ^{not} possibly the same
4 across Canada. I was rather amazed to hear the situ-
5 ation yesterday, that probation officers had a high
6 degree of rapport with the people they talk to, and I
7 have talked to many kids in Winnipeg who have the mis-
8 fortune to have to relate to a probation officer as it ^{are}
9 has been imposed on them by the court, and they / I think,
10 quite frank about what the situation is in most cases,
11 and they seem to react in one of two ways. They either
12 withdraw and just get shoved around in whatever direction
13 they happen to be shoved, or they try to whatever degree
14 they may be able, to manipulate the probation officer
15 by telling him a story -- selling him a line.

16 It certainly doesn't strike me as
17 the kind of situation where you suggested existed in
18 Vancouver, where the kids relate to the probation officer,
19 tell them the truth, and really lay on them how they feel.

20 And I think this is a reflection of
21 the inability of the established agencies to relate to
22 people as people, and when you are dealing with young
23 people, they are looking for a personal relationship.
24 They are looking for a trusting relationship, they are
25 looking for somebody who will regard them as an individual
26 with their own needs, with their own life, with their
27 own morals, and with their own wish to make decisions
28 regarding their lives.

29 An agency finds it very difficult to
30 treat them this way, and this perhaps gains its expression
in the situation of the other side, where the agencies
are reacting at the individual level, with frustration

2 at their inability to overcome this highbound situation
3 they found themselves in.

4 There are many individuals in
5 the agencies who have the best of intentions, and a great
6 degree of enlightenment, but are unable to give expression
7 to it.

8 There are a great many police
9 officers that have the best of intentions that might
10 find very great difficulty giving expression to it, when
11 they are asked to enforce laws that they find very
12 difficult to do. I don't know where you put into this
13 spectrum the situation that I have been made aware of,
14 where we have the prosecutors tracking around the country
15 giving testimony in any city other than their own.
16 to
17 Apparently we are not have the pleasure
18 hearing
19 of Mr. Sarchuk give his testimony in this city, neither
20 the R.C.M.P. in this city. They respectively will give
21 some in Ottawa, I understand.

22 Now, if it were one or two I could
23 neglect it, but in the situation where all of them seem
24 to be doing it, I feel compelled to draw some conclusion
25 that they don't want to be confronted with what I regard
26 as the contradictions of their position, and frankly I
27 don't blame them. I would find it very difficult
28 situation to defend.

29 We are faced with a situation, then,
30 which seems to me as though young people who may want
to relate to society, who may want to find a way out
of whatever troubles they might be in, they might want
to find a way of life that doesn't lead them into
troubles, which is their way of life, have tremendous

2 difficulty in doing this, and they are not getting any
3 significant help from those agencies which have been
4 set up to do that.

5 At the other side of the fence, and
6 I believe there is a fence, you find the established
7 agencies with many well intentioned people who are un-
8 able to give expression to this, unable to relate to the
9 people they wish to relate to, and this seems to me to
be a rather unfortunate and unnecessary situation.

10 Now, I am not in a position to sugg-
11 est any wide ranging alternatives to this mess, as it
12 appears to me, CRYPT has happened in response to this
13 situation. We have clung to autonomy and our individu-
14 ality, and a / structure is the only thing we have seen
/to overcome these obstacles.

15 The result, in terms of the possi-
16 bility of relating individual to individual, to me, has
17 been very hopeful.

18 At the other end of the scale, the
19 result in terms of community acceptance, is beginning
20 also to be very helpful. A year ago CRYPT was a dirty
21 word in Winnipeg, and in many places CRYPT is still a
22 dirty word in Winnipeg. We are at the stage of receiving
23 assistance from various perfectly respectable institutions
24 and organizations that take great care to keep their
hands clean, and even from government.

25 So the acceptance is at least poss-
26 ible, and I believe there may be some lessons to be
27 learned from this. If we can return perhaps more
28 directly to the subject of the inquiry, that of drugs,
29 which I think has its relationship to the social

1 changes, to the social pressures. 2 we are in a position
2 of being able to tell kids the way it is with drugs, we
3 have at once the great advantage that we can be believed.
4

5 And I feel that this is an advantage
6 that has been lost by virtually every avenue society
7 traditionally uses for the dissemination of information.
8

9 If you wish people to believe that
10 speed can be dangerous, if you wish them to take note
11 of those things which are dangerous, then you have to
12 be very careful not to tell them any lies about anything
13 else. And unfortunately, we find for example that the
14 police force in the situation may not seem to think they
15 can avoid telling these lies. They seem to be committed
16 to these lies, and in fact, I doubt if you will find
17 too many school counsellors who, when asked what is wrong
18 with marijuana, could confine themselves to saying, "it's
19 illegal."

20 And the result is that any kid can
21 know, and that means virtually every kid in Winnipeg,
22 we'll say 23 is not going to change his mind about the
24 hang ups on marijuana, he is going to decide "This guy
25 is not to be listened to."

26 So I feel that if society is to
27 adapt to a situation where legal restraints are to be
28 removed, then they are going to have to look to diff-
29 erent avenues to provide the very real checks on prob-
30 lems that are going to arise.

31 There is, fortunately, the possi-
32 bility of simply telling the truth. Now, whether this
33 is something society can do, I don't know. I would
34 suggest that if one has removed the consternate of
35

things

1 having to tell lies, about some / it might be easier
2 to tell the truth about others, but I am suggesting that
3 the nature of the problem basically gets down to a lack
4 of trust between the "Establishment scene," if you will,
5 and the young people, and I am saying solely from CRYPT's
6 experience, that we have found that if you do trust
7 young people, if you treat them as individuals, if you
8 merely give them the information to make up their own
9 minds, that firstly, they tend to make rather responsible
10 decisions, and that secondly, in doing so, they achieve
11 some sense of being able to make responsible decisions
12 and they furthermore achieve some sense of being able
13 to relate to society, because many of the problems that
14 we came up with are those in relation to society.

15 And if they can find that they/^{of}themselves
16 can move into society and make their own decisions
17 effectively, then this is/ ^{a different kind} of situation from/one that is
18 classically being confronted, that is classically in the
newspapers.

19 I would like to cut myself short and
20 say that simply, you can not achieve this without taking
21 a risk. You can not have somebody make their own
22 decisions without giving them the choice to do it wrong.

23 MR. STEIN: In your brief, I think
24 you call it the increased commitment to the education
field that your organization is going to get -- make

25 While we were in Victoria, there is
26 an organization -- I think one could say analogous to
27 yours, called Cool Aid. There are two Cool Aids in
British Columbia, and this particular one is in Victoria.

28 There, the people involved in the
29

organization took it upon themselves to make a film, which they showed us, on speed, an 8 MM film with a tape recorder of voices of people who were users in the community.

The point I wanted to raise with you is, have you, or members of your group, considered directly approaching the school authorities here in Winnipeg regarding the possible role you might play right now in some kind of educational activity?

Apparently I will just -- I will just say in Victoria the film is now being shown in the Victoria schools, and is a vehicle for discussion in classes with representatives of Cool Aid and the teaching staff sitting in the class room, and kind of open-ended way discussing drugs in general.

Is something of this sort what was in your mind when you talked about an added commitment education; or have you any particular programs? What do you think of this idea?

MR. GILLESPIE: I think its a great idea. I'm not sure of our qualifications to make such a film. I would be happy to look at it ---

MR. STEIN: That is an interesting comment, by the way. I must make a comment on that. You say you are not sure of your qualifications. These were eighteen, nineteen, twenty year old people, who felt their only qualification was that they knew how to run a projector, and they had had some direct experiences in the use of some of these drugs.

MR. GILLESPIE: I haven't had direct experience. There are people in Winnipeg, or

2 in CRYPT who would feel competent to do it. We may
3 even be able to get some money to do it, but my first
4 response would be, I would like to see their film. It
5 may be perfectly applicable to the situation here.
6

7 Whether there is a film which I
8 would regard as telling it like it is, and simultaneously
9 the same film, one that would be shown in Winnipeg
10 schools. If there is, that's great.

11 THE CHAIRMAN: Dr. Lehmann?

12 DR. LEHMANN: I find that some of
13 your statements somewhat rather too pessimistic, and others
14 too optimistic, and I would like to get your opinion on
15 it.

16 For one thing, I do not share your
17 pessimism about the information. You seem to feel that
18 the established organizations, schools and other organ-
19 izations are simply condemned to have to tell lies, and
20 either not to know the truth, or if they do know it,
21 not to convey it. And if they do convey it, then to
22 convey it in such a manner that it cannot really be
23 communicated.

24 I don't believe this is so. I think
25 in a comparatively short time we will probably have
26 developed systems using organization like yours and
27 Cool Aid, and other enlightened young people with
28 personal experience in the schools, to really tell it
29 as it is.

30 Now, here I am more optimistic than
31 you, but I am more pessimistic when it comes to another
32 aspect of what you said, namely, all you have to do is
33 to get the information in, and then the rest will kind

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2 of take care of itself.

3 Now, this is what psychoanalysts
4 believed for the first thirty years, that if you only
5 let people know rationally just what it is like and why
6 they act the way they do, then they will change their
activity, and behave rationally.

7 Did I understand you right, that if
8 you think that the kids in high schools for instance,
9 are told that speed is dangerous and they take it, and
10 /soon from the right information, from the right sources,
11 that they would not then take it?

12 I wonder.

13 MR. GILLESPIE: No, I am not
14 suggesting this at all. I am disturbed that you interpreted
15 as saying
16 me/that we merely have to feed the information in, and
17 everything will be fine. That's not my belief at all.

18 My situation ^{you} might contrast with the
19 statement from someone earlier on this Commission, that
20 you can not help people who don't want to be helped, and
21 my comment on that is, you can help people who want to
22 be helped, and you can help them to want to help them-
23 selves merely by showing that it is possible.

24 Now, this in my eyes is a personal
25 process. It is one involving personal relations, and
26 beyond that I can not comment unless I have a particular
27 case.

28 DR. LEHMANN: Thank you.

29 THE CHAIRMAN: Comments?

30 Thank you, gentlemen, very much for
your submission.

31 Thank you.

2 THE PUBLIC: Excuse me, just one
3 question.

4 THE CHAIRMAN: I call now upon ---

5 THE PUBLIC: Before you step down,
6 could I just throw one question at you?

7 There was a good description of the
8 work of the CRYPT. I was sleeping a little bit there
for a while, so I might have missed it.

9 Was there recommendation on the question
10 that the panel itself is devoting its attention to, do
11 you have any recommendation to make about the changing
12 of the laws and the maintenance of the laws, and the
13 alteration of the laws, based on your experience in
14 Winnipeg, your extensive experience with young people in
Winnipeg?

15 MR. GILLESPIE: Well I think we had
16 better have three statements there, because I don't think
from CRYPT
17 there is a recommendation/and you have three staff
18 members here out of seventy, and that is about the
accuracy of the statements you will get.

19 Personally, I feel that marijuana
20 should be legalized, that its sale should be legalized,
21 and that its sale should be controlled in purity and
22 quality, just on the basis ^{that} any commodity is.

23 I believe that hallucinogenic drugs,
24 synthetic hallucinogenics should be legalized, controlled
25 and education very definitely applied as to the value of
their effects.

26 If you want to get to the other end
27 of the spectrum, I believe that heroin should be made
28 available on the kind of system used in Britain, and

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2 perhaps with some changes that it should be legally
3 available to people who show that they are addicts, and
4 very strictly controlled, and in general I will agree
5 with the propositions that have been put here many
6 times, that the use of drugs, I feel, is a social prob-
7 lem at the public health level and at the personal-morality
8 level, and it should be treated as such by whatever
9 avenue can be developed but not by the use of criminal
law.

10 MR. RUSSELL: I would agree with
11 Colin exactly, on the changes of laws. I would like
12 to give some reasons why, or one big reason why, even
13 things like heroin should be not illegal for possession,
14 and that is that one of the biggest problems with heroin
15 addicts, as many of you are aware, is the social prob-
16 lem of having to earn the bread to get the drug. And by
17 and large, this is really the greatest problem when you
18 are talking about fifty to one hundred dollars a day,
19 stealing, prostitution for the women, and this sort of
thing.

20 Also, the law has been very instru-
21 mental in interfering with therapeutic programs. People
22 are not willing to make the first feelers towards getting
23 help when they know that it's likely that it's going to
24 ^{into} be handed ~~the laps of the police~~, and you have to make this
25 initial contact or you're dead.

26 MR. WALLY: I basically agree with
27 Colin and Jim, but I believe that there must be a massive
28 education program conducted by people who know what is
29 going on, and people who have established some sort of
30 credibility with the kids that they are dealing with.

2 THE CHAIRMAN: Thank you gentlemen.

3 I call now on the Alcohol Education
4 Service. Rev. Mr. Simms, Mr. McKibben and
5 Mr. Potoroka.

6 MR. SIMMS: Mr. Chairman and members of
7 the Commission, the submission of the Alcohol Education
8 Service is to be made to you in several parts, and this
9 will involve first myself, and then one by the Director
10 and one by the Co-ordinator of Education, and we will conclude
11 with some recommendations made by one or other of these
12 officials.

13 As President of the Alcohol Education
14 Service - hereafter AES - I am delighted that the Comm-
15 ission selected Winnipeg as one of the cities for your
16 public hearings. Your visit has been preceded by an
17 unusual fog which hung over the city for several days.
18 We are glad that our fog has been lifted, and we hope
19 sincerely that if your Commission has been, or will be,
20 bothered by any fog, that it may be lifted if not in
21 about six months, then surely within two years.

22 The Executive of the Board of AES
23 passed the following motion at its regular meeting on
24 October 28, 1969, "that the staff be authorized to make
25 a presentation on AES educational activities with respect
26 to drugs, to the Commission of Inquiry Into the Non-
27 Medical Use of Drugs, when the Commission visits
28 Winnipeg on November 13 and 14, 1969."

29 It was indicated during the dis-
30 cussion of this motion, that any presentation would
31 include some recommendations concerning the part which
32 the Government of Canada should play in mounting and/or

2 encouraging continuing educational programs at national
3 and other levels.
4

5 We have studied the terms of reference
6 or "the objects" which the Minister, the Hon. John Munro,
7 had in mind when he announced plans for the Commission
8 on May 1, 1969.
9

10 We were challenged by them to identify
11 AES concern, educational activities, and hopes in the
12 field of drug education, and to make these known in time
13 to the Commission. The Minister's new release of May 1
14 includes such phrases as "data and information comprising
15 the present fund of knowledge", "motivations underlying
16 the non-medical use", "educational and philosophical
17 factors relating to the use for non-medical purposes",
18 "problems of communication" and "ways or means by which
19 the Federal Government can act, alone or in its relation
20 with Government at other levels, in the reduction of
21 the dimensions of the problems involved in such use."
22

23 That's a wide door; many paths lead
24 to it. We've chosen the educational path. We're here
25 to share our views and experience with you.
26

27 AES concern with respect to the
28 "non-medical use of drugs" is not a simple one. We
29 recognize with the Minister, that a certain portion
30 (decidedly a minority) of the Canadian population, is
using drugs non-medically.

31 But if we were to substitute the
32 word "self-medication" for the word "non-medical" and if
33 we were to think of drugs in a wider range than those
34 commonly included in the Commission's category of
35 "sedative, stimulant, tranquilizing, hallucinogenic and
36 other psychotropic drugs or substances," we might find
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2 that we were dealing with a decided majority of Canadian
3 citizens, fifteen years of age and over.

4 We feel that this certain portion
5 consists not only of young people, but of much older
6 citizens. We feel that youth is being singled out as the
7 ground and main prop of the drug scene today. We don't
think this is fair.

8 We see this tendency as poor history,
9 worse sociology, and we leave you to choose your own
10 adjective when it comes to philosophy and theology. We
11 hope that the Commission does hear spokesmen, not only
12 from youthful proponents of self-medication, but also
13 from older citizens who prefer the drugs they do for the
self-medication they have come to prize.

14 AES concern extends to, and this we
15 consider important, the vast majority of teenagers not
16 personally involved in the non-medical use of drugs.

17 Someone may want to call these
18 teenagers the "square" counterpart of the "turn-on-with-
drugs" minority. Our educational activities may not
19 offer enough to the latter, who need something more than
20 the tonic of sound factual information. But we believe
21 that our work does offer a lot to the former.

22 Without ceasing to want to be fair
23 and available to those involved in the non-medical use
24 of drugs, we are engaged in work of communication with
25 this large majority. And what is our hope? This -
26 that young people in their present and future relations
27 to and with others, including those who choose to
28 continue to use drugs, may be of a quality and spirit
29 that will indeed be effective in the reduction of the

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2 dimensions of the problems involved in such use.

3 AES has developed in Manitoba, a
4 way of helping and encouraging drug education programs
5 in schools, and in the general community that is, we
6 believe, eminently practical and suited to present
7 needs.

8 Our Board feels proud of the fact
9 that the carrying out of our work is in the hands of
10 three gentlemen whose years and experience in the field
11 of alcohol, and drug education is outstanding.

12 I refer to our Executive Director,
13 Mr. William Potoroka, who has been with us since June,
14 1953, to Norman E. McKibben, our Co-ordinator, who in
15 Manitoba and Saskatchewan, has served twelve years in
16 the field, and to our Western Manitoba educational
17 secretary, John W. Boychuk, who has been with us since
18 1956.

19 We will skip the paragraph eight and
20 go on to nine.

21 This is all that I wish to say on
22 behalf of the Board of AES, and I would now like to call
23 on Mr. William Potoroka, our Executive Director, and he
24 will tell you about the evolution of our work in drug
25 education against the background of our activities in
26 alcohol education since 1953.

27 Mr. Potoroka will attempt a description
28 of our educational stance. He will refer in general
29 terms to our educational activities, and he will let
30 Mr. McKibben give you an account of a few specific
instances.

MR. POTOROKA: Mr. Chairman and

2 members of the Commission, it is a real privilege and
3 delight to follow our gracious President in appearing
4 before you.

5 I have been in alcoholic education
6 work since 1953, following an extremely significant
7 learning experience in 1952 at the Yale Sommer School
8 of Alcohol Studies. During most of the time since 1953,
9 the work of AES has been in the field of alcohol, but I
10 can tell you of associations that have kept the subject
matter of drugs somewhat within our perspective.

11 Mr. Chairman, in paragraph eleven,
12 we simply point out that we had a long time association
13 with an organization called the Western Canada School of
14 Alcohol and Narcotic Education, which has had drugs on
its summer school courses since 1948.

15 For instance, in the middle 50's we
16 had as a lecturer, a name that you have to reckon with,
17 Dr. Alfred Ralph Lindesmith of the University of Indiana,
18 the author of several authoritative studies on the
subject, including the book "The Addict and The Law".

19 Dr. Lindesmith challenges what James
20 J. Carey in his study of the college drug scene, calls
21 "the official morality model" of the U.S. Bureau of
22 Narcotics.

23 Also we had Dr. A. Hoffer, who has
24 been a regular lecturer at the school since the late
25 50's. It was through him that we heard the early
26 comments on the use of LSD in the treatment of alcoholics
27 and his reference to the spiritual experience of some
28 patients during the LSD session that captured my
29 imagination, and led me into what I call, my LSD period,

2 of 1960-61 and since.

3 To indicate that I have sat in on
4 ten LSD sessions during that period, nine of them
5 medically managed -- all of them medically managed,
6 because one of them was my own and it took place in the
7 Munro Wing of the Regina General Hospital, and during
8 that time I met one of those delightful individuals
9 that you will meet in your course of travels, and that
10 will be when you go to Regina, and you will meet Prof-
11 essor Dr. Duncan B. Blewett, who was at the time I first
12 met him, the supervising psychologist of the Psychiatric
13 Services Branch of the Province of Saskatchewan, and
14 deeply involved in the LSD research there.

15 Then I mention in paragraph thirteen,
16 my long time association with the Alcoholism and Drug
17 Addiction Research Foundation of Ontario. And I was
18 rather surprised that you had not heard from them in
19 the official public hearing.

20 THE CHAIRMAN: So that I may correct
21 any impression that might be/given ^{erroneously} about that statement
22 this afternoon, we have had several contacts with them in
23 which we have been given access to their work, and we
24 intend to follow up all the research they have done.

25 Now they chose not to appear in
26 public in Toronto. They were going to attend another
27 hearing on December 12 and 13 in Ottawa.

28 MR. POTOKA: Mr. Chairman, I
29 appreciate that comment.

30 Saskatchewan caught our imagination
31 but it has been Ontario which has nurtured us with its
32 findings of its research, with the experience and wisdom

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2 contained in its annual reports, with the indispensable
3 help of its educational literature, and with the personal
4 friendship of its staff members, of whom Mr. Archibald
5 is a close friend of mine.

6

7 Just as the Alcoholism and Drug
8 Addiction Research Foundation of Ontario got into the
9 work of treatment of drug addiction and treating alcohol-
10 ics, I want to indicate in paragraph fourteen that we
11 have been in recent years, pulled into education about
12 drugs.

13

14 As Executive Director, I made a
15 special report on this matter to our Board on January
16 25, 1968. After much discussion, the Board passed the
17 following motion unanimously: "That the work of AES be
18 extended to include the field of drugs."

19

20 It had already been extended there
21 unofficially.

22

23 And I go to paragraph seventeen.

24

25 We operate on a budget that is pro-
26 vided by the Government of Manitoba, with regard to our
27 work in drug education. We have not yet received any
28 encouragement financially from the Government, but we
29 live in hope.

30

31 Lack of money did not deter us,
32 but it did keep our efforts far more modest than what
33 the situation of need warranted.

34

35 We began to get ready to offer some
36 services to the schools and general public in the fall
37 of 1968. We used our annual meeting of May, 1968, to
38 bring to Winnipeg, Dr. Reginald G. Smart, scientist,
39 psychological studies, of the Addiction Research Found-

40

2 ation of Ontario: We shared Dr. Smart for a morning, with
3 a group of school counsellors from the Greater Winnipeg
4 area.

5 He performed a distinguished piece
6 of work for us at a public meeting when he spoke on
7 the subject "Education and the Drug Question." We
8 sent one of our staff to the two weeks' course of the
9 Addiction Research Foundation at Laurentian University
in Sudbury, Ontario.

10 We began to gather literature for
11 students, teachers and parents. We began to get audio-
12 visuals on drugs for our lending library. Then, early
13 in September, 1968, in a special bulletin to some four
14 hundred schools in the Province, we used other means
15 to acquaint the general public, we announced our services
in drug education to them. We have not looked back.

16 A year later, September, 1969, we
17 again sent a special bulletin to Manitoba schools. A
18 copy of this three page bulletin is attached as an
19 appendix to our submission.

20 I'd like to tell you about some of
21 the responses of school counsellors, health teachers and
22 other officials to the bulletin. In the two months,
23 September-October, 1969, one hundred and sixty-five
24 teachers and/or schools have asked for the literature
25 we offered through the bulletin; sixty eight teachers
26 and/or schools have asked for the services of our
27 educational staff (Mr. McKibben in Winnipeg, and Mr.
28 Boychuk in Brandon) for "planning sessions"; and there
29 have been requests for audio-visuals which have resulted
30 in at least one hundred separate bookings of audio-

2 visuals. That we do not have enough literature, that
3 we do not have enough staff for field and for office,
4 and that we do not have a large enough audio-visual
5 library with enough duplicates of prime items is pain-
6 fully obvious to us.

7 Before I ask Mr. McKibben, our
8 Co-ordinator, to discuss some specific examples of our
9 recent work I must take a few more minutes in order to
discuss our educational stance.

10 Our stance, like all stances by
11 human, has a bias. It is not folly to have a bias, the
12 folly is in not knowing and declaring your bias.

13 I should like to call, by means of
14 a quotation, several witnesses whose statements should
15 help to reveal, and to identify our bias.

16 First, Dr. Helen Nowlis, director
17 of the National Association of Student Personnel Admin-
18 istrators, and author of the book "Drugs on the College
19 Campus." Dr. Nowlis gave an address to the 15th North
20 Conway Summer Conference, North Conway, New Hampshire,
21 June 25, 1969. In her address, Dr. Nowlis said:

22 "Until we help young people think
23 through and work out a meaningful identity and role in
24 our society, and theirs, meaningful social relationships
25 and a meaningful relationship to life and to whatever
God one has, we cannot cope with the so-called drug
problem."

26 Second, Dr. Peter L. Berger, Prof-
27 essor of Sociology in the Graduate Faculty of the New
28 School for Social Research, and editor of the quarterly,
29 Social Research. In the latest of his books called

2 "A Rumour of Angels" Dr. Berger observes that we have,
3 especially in the Anglo-Saxon countries, generated
4 philosophical positions that deny the meaningfulness
5 of such metaphysical questions as "What is the purpose
6 of my life? Why must I die? Where do I come from,
7 and where will I go? Who am I? He adds,

8 "... all such questions are not only
9 suppressed in practice, but are theoretically liquidated
10 by relegating them to meaninglessness. To repeat a
11 simile used before, the reality of a middle-aged business
12 man drowsily digesting his lunch is elevated to the
13 status of final philosophical authority. All questions
14 that do not correspond to this reality are ruled to be
15 inadmissible. The denial of metaphysics may be here
16 identified with the triumph of triviality.

17 How long such a shrinkage in the
18 scope of human experience can remain plausible is
19 debatable. In any case, it constitutes a profound im-
20 poverishment. Both in practice and in theoretical thought
21 human life gains the greatest part of its richness from
22 the capacity for ecstasy, by which I do not mean the
23 alleged experiences of the mystic, but any experience
24 of stepping outside, the taken-for granted reality of
25 every day life, any openness to the mystery that sur-
26 rounds us on all sides..."

27 Third, and last, we summon a witness
28 that appears in the Leaders' Guide to a filmstrip on
29 drugs called "You Gotta Even Open Your Eyes."

30 It is a filmstrip with record which
31 I would like the Commission to view. I don't think
32 there is another copy of this filmstrip in Canada at

1 this time. The filmstrip is about "Donnie and Fran" who
2 tell their own story of how, and why they get involved
3 with drugs.

4 It is a true story, and it is done
5 superbly on the filmstrip, which was produced by the
6 Department of Alcohol Problems and Drug Abuse, of the
7 United Methodist Church, U.S.A.

8 "In one sense, all mood and mind
9 changing drugs, whether they be narcotics, depressants,
10 stimulants, hallucinogens, or others, can be lumped
11 together, however different they may be chemically and
12 in their effect on the human organism. Drugs are choices,
13 existential choices, if you will; options about life
and how one chooses to live it.

14 "As options about life style, stance,
15 and values, they are neither irresistibly attractive
16 nor altogether repulsive.

17 "One's decision to take such drugs
18 is a decision which can significantly alter the future
19 shape of one's life. Life is a free gift of God, but
20 the final responsibility about one's life lies with the
21 individual. Society and especially the church have the
22 responsibility to offer guidance for making wise
choices in an understanding and supportive setting.

23 Thus, a basic assumption of the
24 filmstrip is that freedom of choice, inseparably linked
25 with personal and social responsibility, is essential to
the actualization of authentic selfhood."

26 It is my pleasure now to ask our
27 Co-ordinator, Mr. Norman E. McKibben, to continue this
28 presentation. We of AES regard Mr. McKibben as a very
29

2 able educator who is greatly appreciated by school
3 officials and others for his down-to-earth helpfulness
4 as a teacher, and a teacher of teachers.

5 Mr. McKibben will tell you something
6 about what AES is doing, why we are doing it the way we
7 are, what is the response of young people, teachers and
8 adults, as he works with them, and they with him, and
what in his view, is the significance of it all.

9 Mr. McKibben has been so continuously
10 on the go with planning sessions with teachers and
11 students, with demonstration teaching, and other educa-
12 tional activities that he has not had the leisure to
13 prepare a complete text of his remarks in time for
14 inclusion in this submission. Our office will undertake
15 to provide the Commission with a printed text in the
near future, if it is your wish.

16 MR. MCKIBBEN: In my capacity as
17 co-ordinator of education for AES, my job is to carry the
18 AES program of alcohol and drug education more or less
19 directly to the schools, education faculties, youth
and adult community groups, and other associations.

20 I am expected to keep abreast of
21 new approaches, and methods in education and communi-
22 cation for the purpose of sharing this understanding
23 with others. I go to many places, and meet many, many
24 people, all of whom seem to be concerned about, and
25 some of whom are involved in, the non-medical use of
drugs.

26 Thus, I am given the chance to take
27 the pulse of the needs of real people. Interest in
28 drug education is very high these days. The news media
29

2 have helped to bring this about - how would this Comm-
3 ission be making out news-wise, if the year was 1869?

4 Sometimes the press items and the
5 radio and TV coverage raise the level of anxiety without
6 increasing the quality of illumination. One must be
7 thankful for instant news. We can always use it for a
8 jumping-off point for discussion and the quest for truth
9 and meaning. But instant success educationally, and
existentially, that's something else.

10 The concern about education that I
11 see, and the needs that are a part of it, all this is
12 giving rise to an immense demand for practical help, and
sound leadership in this field.

13 Sometimes this reaches me in incidents
14 like the following ... a student staggers past me with
15 glazed eyes as I enter a school on a Monday morning...
16 my telephone at home rings, and I listen to a mother who
17 is anxious because her eighteen year old unemployed son
18 has bought a car, moved to an apartment, and is making
weekend trips to Vancouver by plane...a teacher turns to
19 me in deep frustration; he tells me that he has counselled
20 from 9:00 a.m. to 3:00 p.m. with a group of students
21 involved with drugs; that session ended, he steps out
22 into the hall, only to meet another student, high on a
23 trip, singing the Catholic mass at the top of his voice
24 ...teachers call me by the scores with the plea, "Help
25 us to plan something more effective than what we've had
26 in the past. Can we have you next week?"

27 These incidents suggest some of
28 the reasons why AES is engaged in alcohol and drug
29 education. But there are other reasons that relate to

the great majority of junior and senior high school students who are not involved directly in the "drug scene."

They want to understand...drugs... themselves...the business of living and growing up... their fellow students...the times in which we live. And that is just great!

Two aspects of my work which I find particularly challenging to me as a teacher are these - my role as a consultant to teachers and community leaders, and my role as an active teacher or demonstrator

I am given so many opportunities to get close to people, and especially to the students in our schools today. They keep me aware of their needs. The open and enthusiastic contributions which they make when we chat together is an education in itself for me.

The students help me to be more practical and person-centred in the help I offer to teachers and adults. And my contacts with teachers and other adults enable me to come up with new ideas, which others have tested. I also come across some ideas that I am a little reluctant to make known or to recommend to other teachers and adults. But that's all in the game.

To enumerate all of the activities in which AES has become involved due to the increasing demand for education, would be a time-consuming process. However, I would like to detail briefly two or three of these activities. Should you wish further specific information, and there is time, I'll be glad

1 to oblige.

2
3 The past two months have been devoted
4 a good deal to what we call "planning sessions" with
5 teachers who want to do a unit on drugs (and/or alcohol)
6 in this year's school program.

7 The teachers approach us - or an
8 official of a school division approaches us; and most
9 of the time this comes through the counselling and
guidance departments of schools.

10 But the planning session may include
11 principals, health teachers, science teachers, and on
12 occasion school inspectors. We talk about the local
13 situation. We examine reasons and goals for this
14 particular project. We set objectives. We discuss
15 materials. We go into the matter of audio-visuals. We
list community resources, and so on.

16 At our suggestion, a number of
17 schools, Gordon Bell High School and Munro Junior High
18 School being two recent examples, have called on
19 committees of representative students to work with the
20 teachers and myself in these "planning sessions." It is
21 our opinion that such student committees are very useful
22 in developing a realistic orientation, and in setting
23 down wise objectives, as they have some very definite
24 ideas about what they do, and do not, want, and what
25 will or will not be acceptable, and useful in any
proposed project.

26 They are quick to point out the
27 areas of weakness in alcohol and drug education programs
of their past experience.

28 Some of the things which students
29

30

2 condemn, are biased, or one-sided presentations. Exagg-
3 erated claims meant to frighten us. Teachers who are
4 inadequately prepared, and who try to bluff their way.
5 Teachers who are out of tune with youth - we can't have
6 confidence in them or their world. Teachers who are so
7 rigid that meaningful discussion is impossible. Teachers
8 who are so authoritarian, that students who ask shocking
9 questions, or voice contrary opinions, are cut off, and
ridiculed, etc.

10 Students also reject out of date
11 materials or films. One such film that I have heard
12 them mention a couple of times that comes to mind is
"Monkey on the Back."

13 What students want is an open forum
14 where their questions and ideas can be examined without
15 fear under the leadership of a teacher or resource
16 leader who knows the subject, and understands young
17 people in today's world.

18 They want this freedom in order to
19 examine the facts about drugs, about themselves, and
20 about society without being told what conclusions they
21 must draw from these facts, or what pattern of life
they must choose.

22 The previous delegation mentioned
23 the fact, and I was very happy that it was brought out,
24 that these facts had to deal with not just something
25 out of a book, but with people's real feelings and how
they do things, and how they live. This is so important.
26 They do not mind discovering that there are many con-
27 clusions, several conclusions, some at variance with one
28 another, and they are prepared for they already know,

2 to find again, that there is more than one life style.

3 They do turn on, and become involved
4 when these conditions pertain, and when contemporary
5 materials like the film strip "A New Look at the Old
6 Sauce" or the tape, "Bob Russell Sings About Drinking"
7 are used.

8 Adolescents, unlike many adults, make
9 no distinction between alcohol and other mood changing
10 chemicals. I find this hopeful, because rationalizations
11 by adults on this point, only make it harder to recognize
12 and define the problems without creating the so called
13 "generation gap", or to freshly illustrate its fact.

14 The young people want to discuss
15 alcohol and drugs together, and because of this, we
16 suggest that the school not develop separate units on
17 smoking, alcohol and drugs. We suggest that things
18 such as "Man and Chemical Comforts", or "Man and Mood-
19 Changing Chemicals" be chosen to give more freedom to
20 examine the broader subject in depth.

21 Some teachers and some parents find
22 this an uncomfortable approach. Why? Possibly because
23 it forces a re-examination of adult or parental attitudes
24 and practices. A re-examination which I think is not
25 without value, and one that seems necessary to have a
26 meaningful educational program.

27 Once orientation and specific goals
28 and long range goals are established in the planning
29 session, time is spent in dealing with the techniques
30 and methods which can be used to stimulate student
interest and participation, so that each will be
encouraged to assess new information relative to his

2 own life and values. These techniques and methods include
3 such things as surveys, stimulator quizz, the critical
4 incident, discussion of news reports, outside speakers,
5 panels, discussion groups, films and other audio-visuals,
6 the making of tapes, interviews, parent-involvement,
7 field trips, etc.

8 At this point, if time allows, some
9 pertinent materials such as the film "The Curious Habits
10 of Man", a filmstrip from the series "Drugs and Our
11 Society" or transparencies for the overhead projector
12 may be demonstrated with suggestions for their use.

13 Teachers are also made aware of the
14 services available from the various resource agencies.
15 As well, materials and methods are discussed and sugg-
16 estions made to help teachers to develop a program suit-
17 able to the particular age and experience level of the
18 students concerned.

19 What the school does with the topic
20 after the "planning session" ends, will depend on a
21 number of factors. Usually the AES staff member is
22 asked to work directly with the students at some point
23 in the program. But the demands on our time for this
24 kind of work can be met only in part. We are too few.
25 The Schools are too many, and we have demands from other
26 quarters than schools to meet.

27 I think an example was yesterday,
28 after I had sat through the morning session at the other
29 building, I spent the lunch hour having a planning
30 session with a teacher that was also there, and today
I came back a little early this afternoon, and made
arrangements for some more work to be done in one of the

2 penal institutions in our city with one of their staff
3 members I met here. And these requests both came at
4 their request, not at my own.

5 Usually a school project extends
6 over several periods, each period being in a new cycle
7 or week. Many projects run four and five periods, and
8 some, more.

9 Topics covered usually include
10 personality growth and development, the pharmacology of
11 the different chemicals, and their effects on human
12 behavior, motivations for non-use, use and abuse,
13 dependency and addiction, legal and sociological aspects,
14 drinking and driving, etc. Film strips, films, and
15 guest speakers are used to introduce or highlight certain
16 topics.

17 I have just been involved at Carman
18 Collegiate, a rural high school some fifty miles southwest
19 of this building, a school with about four hundred
20 and thirty pupils. I had spent about three hours in a
21 "planning session" with teachers in September.

22 Following this, there was continuing
23 communication regarding the booking of films and speak-
24 ers. During the last week in October, a stimulator
25 quizz was distributed and later discussed in class prior
26 to my arrival.

27 When I started working with the
28 students, I found interest high and a real readiness
29 for honest, frank discussion.

30 The program was arranged so that I
31 saw classes at least three times, some four times, and
32 others five times, over a period of five days.

In addition, students with free time were at liberty to join my classes at any time, and they did - up to eight or nine times for some. They were intensely interested, and they were free at all times to set the tone by questions or comments.

This was not only a situation where students asked me questions, but one where I asked questions as well, where ideas and opinions could be, and were, expressed and clarified, where what a student said was important, and was given consideration.

Mid-way through the week, the film "The Curious Habits of Man" was shown in a student assembly, and then discussed in class groups.

My part in the project is finished, but it continues with students making tapes of interviews with various experts in the drug field, speakers from Alcoholics Anonymous, and the Alcoholism Foundation of Manitoba.

The final event in the project is to be a showing of the film "Days of Wine and Roses" followed by a panel discussion, the panel consisting of parents, students and resource people.

Other schools, like Notre Dame de Lourdes and Morris, have developed three or four cycle projects which ended in a one day blitz (as we call it) in which I was involved.

And just briefly, the day starts with films and then I meet the students through the day in their individual classes, and we end up in the afternoon with a panel composed of teachers and students and myself.

2 In the afternoon, there is then a
3 time when the staff and myself can get together to
4 assess the program. Sometimes students are involved.

5 In the evening, there is a program
6 with parents and students combined. It isn't held
7 separately for one age group or the other.

8 Now, I think that probably the most
9 important aspect of this evening thing is the involvement
10 of the students, the fact that students and parents are
11 there together, and just to give you a couple of
12 examples, Notre Dame de Lourdes, I had to drive back
13 into the city, I think it is about eighty miles out, if
14 I remember correctly, so I left at twenty minutes to
15 twelve. This meeting had started at eight o'clock at
night, and the young people and parents were still hard
at it.

16 At Morris, very much the same thing
17 happened, and it has been in other places too. I can't
18 think of any that have finished before midnight, and
19 there was real cross-generation communication going on.

20 These two projects that I have
21 talked about, have both been student ones. I would like
22 to mention an adult one.

23 A clergyman from Portage La Prairie,
24 about fifty miles west of here, contacted us for help
25 in initiating a week-end educational conference dealing
26 with alcohol and drugs. A concern was expressed that
27 alcoholism be discussed, but that it be only one aspect
28 of a more broadly oriented program dealing with the drug
29 problem in general, and with other dimensions of alcohol
30 problems, such as driving, teen drinking, the apparent

2 public acceptance of excessive drinking, and so on.

3 This led to the development of a two
4 day conference, directed toward teachers, health educators,
5 clergy and the general public. It was organized in
6 co-operation with the clergy of Portage La Prairie, the
7 local Health Unit, members of AA, the Alcoholism Foundation,
8 and AES.

9 The program included talks and discussions dealing with the effects of drugs, the question
10 of motivations, personal and social problems relating
11 to mis-use, the dynamics of dependency, and treatment
12 services for the alcoholic.

13 The conference drew more than one
14 hundred persons. Those involved in the planning have
15 decided to co-operate in further conferences dealing
with community needs.

16 A similar conference, this time
17 designed for youth, and at least in part by youth, is
18 now in the planning stage.

19 I might mention a series of eight
20 meetings, one per week through October and November,
21 which is taking place in Brandon on the subject of
22 alcohol and drugs. It came about largely by the concern
23 and persistence of our Western Manitoba educational
24 secretary, Mr. John W. Boychuk, and the school officials
25 and later, of the medical director of the Brandon Health
Unit.

26 I wish there was time to tell you
27 about the Film Festival on Alcohol and Drugs, which we
28 sponsored early in March of 1969, in co-operation with
29 the Committee on Drug Abuse of the Manitoba Medical

2 Association, and the Guidance Department of the Winnipeg
3 School Board, or the ten weeks training course on drug
4 education for Winnipeg teachers, beginning next week.

5 But I have gone on long enough.

6 If we really believe in the value of
7 education as an enlightened approach to that formidable
8 task of dealing with ourselves, with our environment,
9 and with the personal and social problems of man in this
10 world, we must surely do our best to allow education
11 to proceed with (or to happen in) the area of the non-
12 medical use of drugs, with competence and life.

13 I see something of this happening
14 in Manitoba, happening because of the work of AES in
15 part at least, and if the Commission, or any other body
16 or person can tell us how to do it better, we would be
17 glad to take your wisdom, and your skills (and may I add
18 your tender care) and try to put them at the service of
19 children, young people and adults, here in Manitoba.

20 I would like to turn back to Mr.
21 Potoroka, and to our recommendations.

22 MR. FOTOROKA: Mr. Chairman, members
23 of the Commission, you have listened with extreme
24 patience and you sat here so long. We will be done in
25 a few minutes.

26 Our submission has kept closely to
27 the subject of education, and some of our activities in
28 this field.

29 We have not dealt with the law,
30 although when it is discussed in classes for instance,
we will deal with the confusion that we have had, and
the several viewpoints.

2 We have not dealt with the law, the
3 need for counselling and treatment centres, research,
4 etc., which are also important. It does not follow that
5 we do not have views on these subjects. The recommend-
6 ations that follow, relate to what we consider to be
7 both feasible and necessary for the Federal Government
8 to do, or to have done - and without delay - if Canada
9 is to have intelligent and effective drug education
programs at the national, and other levels.

10 Recommendation One: that the
11 Commission, taking care to record on tape, the evidence
12 and views of expert witnesses from various disciplines
13 on the objects of its inquiry, consider the urgent need
14 to make extracts of this testimony into a series of short
15 educational tapes, to be made available to persons con-
16 ducting study programs in schools and elsewhere, through-
out Canada.

17 Recommendation Two: that the
18 Commission prepare, and print its interim report, as
19 well as its final report, so that the report may commend
20 itself as a kind of handbook on drug education.

21 This recommendation is not lightly
22 made, and it does owe something to a certain report on
23 "aims and objectives of education" called Living and
24 Learning. Education is always the art of the possible
with the materials and life at hand.

25 Education goes on whether all of the
26 scientific evidence is in or not, and I might add
27 whether the law is changed or not, because these are
28 just parts of the environment in which the educational
process goes on.

That is life. If the interim report, and the final report, is to have great value educationally, we believe that the Commission needs to be thinking and planning that way now.

Recommendation Three: that the Commission, both in its interim report, and in its final report, request the Federal Government to make funds available for educational and other programs on national and other levels.

This national funding would provide for national and regional conferences and workshops, pilot projects in drug education in schools and communities, and support for such an inter-provincial summer school of alcohol and drug education, ^{Narcotics} ~~as the Western Canada School of Alcohol~~ ^{Educ &/} to mention a few projects.

The funding would also be available for treatment programs, training programs, and research.

Recommendation Four: that the Commission encourage the Federal Government to take immediate action, so that such agencies as the Food and Drug Directorate, the National Film Board, the Canadian Broadcasting Corporation, and others may do more in the preparing of educational materials and publicity on drugs.

And sir, you will see that there is a footnote which indicates that what is just now being done is just a trickle, and that more is being done because of special efforts being made in our neighbour country to the south, namely the U.S.

Recommendation Five: The governing word of this recommendation is ~~considering~~, you must

2 believe me, ^{that so,} it is/in view of what you have been receiving.

3 I must explain, sirs, that this
4 recommendation in part ^{arose} from the fact that it seemed to
5 us in the press that the rather splendid submission of
6 the Royal Canadian Mounted Police had not received too
7 good a hearing -- that was an impression that we got
from the press.

8 THE CHAIRMAN: What do you mean, did
9 not receive too good a hearing?

10 MR. POTOROKA: Well, what I meant ---
Well, let me read the recommendation and ---

11 THE CHAIRMAN: I want to know what
you meant. Do you mean by the Commission?

12 MR. POTOROKA: The press reports
13 that we got, and I'm not ^{kidding} indicated that it got a
14 rather rough treatment, and there was following in one
15 paper a rather ^{un}kind editorial.

16 THE CHAIRMAN: In other words, you
17 are not referring to the manner in which the Commission
18 heard this?

19 MR. POTOROKA: Oh, no, no - I am not.
This is just the newspaper reports, and therefore it is
20 subject to all the fallacies and ^{all the necessity for} possible retraction that
21 that involves.

22 But nevertheless here goes, having
23 said all that.

24 That the Commission, consistent
25 with the sentiment which is expressing itself in the
26 city of Winnipeg with billboards advocating that the
27 public support the police, consider extending to the
28 Royal Canadian Mounted Police a special expression of
29 thanks for the fine way in which it has done its duty

over the years -- notice, over the years -- its a long span, sirs.

THE PUBLIC: How many years?

MR. POTOKA: In the enforcement of laws concerning narcotics and other drugs.

And specifically, we would like to see the Commission -- and I think this has been done as a matter of fact -- express appreciation on its own behalf, and of the people of Canada generally, for the latest manifestation of real responsibility by the R.C.M. Police, namely the submission to the Commission on October 16, 1969, in the city of Toronto.

And then we refer in the footnote to this submission. I won't bother you with the footnote.

Conclusion: Excellence.

In the final chapter of his book "The College Drug Scene" James J. Carey discusses the responses of the larger community in terms of three models; (i) the official morality model which he associates with the U.S. Federal Bureau of Narcotics, and I suppose you could associate it in Canada with similar agencies; (ii) the medical view, or the medical-motivational approach; and (iii) the sociological perspective, of which an exceptional example for author Carey is Dr. Alfred R. Lindesmith. He concludes the chapter with this paragraph:

"Whatever the outcome of this movement, and this refers to the college drug scene movement in the U.S., whatever the outcome of this movement, it seems to bespeak a vague dissatisfaction in all of us

2 about the quality of our lives. Hence we may heed
3 seriously the call to slow down, to live our life instead
4 of enduring it, to open our eyes and really see what is
5 happening around us and in us, to respond to beauty,
6 and finally, to humanize the large-scale structures that
now victimize us."

7 Carey raises in this paragraph, some-
8 thing dear to that unusual educator and thinker, John
9 W. Gardner, former U.S. Secretary of Health, Education
10 and Welfare.

11 It is the theme of EXCELLENCE in his
12 book by that title. The plea which Gardner makes for
13 EXCELLENCE, is the plea we wish to leave with the Comm-
14 ission.

15 Mr. Chairman, and members, do put
16 into the very fibre of your reports, the spirit of
17 EXCELLENCE, as John W. Gardner portrays it to our day!
18 Listen:

19 "Standards! that is a word for every
20 American -- Canadian -- to write on his bulletin board.
21 We must face the fact that there are a good many things
22 in our character, and in our national life, which are
23 inimical to standards -- laziness, complacency, the
24 desire for a fast buck, the American fondness for short
25 cuts, the reluctance to criticize slackness, to name only
26 a few.

27 "The importance of competence as a
28 condition of freedom, has been widely ignored -- free
29 men must be competent men -- but excellence implies more
30 than competence. It implies a striving for the highest
standards in every phase of life.

2 "Free men must cherish what White-
3 head called 'the habitual vision of greatness.'

4 "If they have the wisdom and courage
5 to demand much of themselves, as individuals and as a
6 society, they may look forward to long-continued vitality.
7 But a free society that is passive, inert and preoccupied
8 with its own diversions and comforts will not last long.
And freedom won't save it."

9 THE CHAIRMAN: Thank you sir.
10 Thank you very much.

11 MR. STEIN: You mention that you
12 have a view -- what is the view that you have?

13 MR. POTOKA: You wish to know my
14 view regarding the law. Fine.

15 MR. STEIN: Well I ---

16 MR. POTOKA: Fine -- we don't have
17 an official position by the organization, as was pointed
18 out in the beginning.

19 This is a presentation authorized
20 with regard to the educational program. Now the question
21 of law, in the first place, it is only one aspect of a
22 number that governs the conditions that we have, namely
23 if we have a problem, it is just one.

24 If the law can be shown ⁱⁿ something
25 it has already been shown to be ineffective, and obviously
we must take the risk of changing it, in the hope that
the changes will accomplish something better.

26 But it is not for the educators, sir,
27 to say necessarily, what that law shall be, in that I
28 don't think education has to take that position.

29 But it can help everybody it deals
30

with, to bone up his or her position.

In other words, it is not our job to sell a position on the law. It is our job to understand what is happening.

PROFESSOR BERTRAND: Yes, but now it is a problem, and law enforcement officers, policemen, judges, sometimes professors in law, prosecutors, say that we are not going to say what law should be. We are there to enforce. And now we have educators who say we are not there to say what law could be, we are just there to teach what is the content of the law.

What is the law.

MR. POTOKA: Excuse me, in the context of those we deal with, we ^{will} have a competence to arrive at a position similar that could compare to the fact -- we don't teach. Our position is not to say to anyone on drinking, you should drink, or you shouldn't; but rather to discuss the question, and leave to them a personal position in this.

MR. STEIN: What is your view on the law. I don't feel -- that is your view.

In other words, if I were to say to you -- and I will now say it -- what is your opinion as to the appropriateness, not the effectiveness, but the appropriateness of the criminal law, in dealing with the question of possession of drugs?

Could you give me a direct answer on that?

MR. POTOKA: Well I think that I could attempt an answer, and you could call upon the president and my associate, the co-ordinator, I would

2 say that in the first instance, that law, throughout
3 history and to this point, has been necessary. I mean,
4 I am just saying it -- bear with me.

5 Fine. Now I am not sure in my own
6 mind -- I have not got the information, for instance, that
7 you have in a few months or more, to answer this. It may
well be that the law has to be changed.

8 It may well be. I don't have the
9 answer, and I can not at this time, propound that it
10 should be changed, but I leave the door open and I say
11 to you in all candidness and honesty, that the door is
12 left open, and if for instance, your report comes out
13 interim report, and we have to deal with it as educators,
14 if we should think that it is a splendid report, and it
15 is likely to be, ^{am}sure, we will publicize it as fairly --
16 it will be on our agenda/education. It has to be, you
see.

17 MR. CAMPBELL: Mr. Potoroka, I pre-
18 sume that one of the questions which must be put to you
19 frequently insofar as your work does involve drugs and
20 alcohol, is the statement that we have heard quite
21 frequently, ~~in~~ among the younger people, that bearing in
22 mind the knowledge that we have of the dangers of
23 alcohol and social hazards of alcohol, that there is
24 a hypocrisy that many young people see in the differen-
tial treatment of marijuana and alcohol, under the law.

25 What have you found, as educators,
26 is a reasonable response to make to this charge of hypocrisy?

27 MR. POTOROKA: Would you mind if
28 I turn this over to Mr. McKibben, and I will add to his
29 answer, because he is the one that deals with youth

2 directly. If you are not satisfied with his answer, I
3 will give you mine.

4 MR. MCKIBBLIN: Well, as I am the
5 one, at least of the three of us, who is most frequently
6 challenged with that particular question, I think I have
7 to be very candid and just tell them exactly what has
been said here.

8 Yes, we are being hypocritical if
9 we have one kind of law for one drug, and another kind
10 of law for another drug, but there is another aspect, and
11 this I haven't solved in my own mind.

12 I think that we are accepting the
13 use of alcohol, probably in part at least, simply because
14 so many people are using it that we apparently, as a
15 society, feel that it is too difficult to stop it, so
16 let's use what control we can. And I am not sure we are
using the right control there either.

17 There are many controls which I am
18 not sure are the right controls, but that is another
19 question.

20 In the use of marijuana, again I
21 am not convinced that marijuana is any worse than alcohol.
22 It may not be as bad. But there is a smaller percentage
23 of people who are using it, and maybe that is the only
difference at this point.

24 The percentage of the population
25 that is willing to support a particular kind of behaviour
26 and if the minority is small enough, then obviously they
27 are not going to get it changed. If they can / a large
28 enough majority so that they can get it changed, whether
it is good or bad, it will still get changed.

2 And there is another thing that I
3 am kind of concerned about. This morning for instance,
4 when that young lad stood up and said that he was a con-
5 vict because of selling marijuana, I really felt sorry
6 for the kid, and yet there was a question I wanted to
7 ask. You know, if I break a law knowingly, then I think
8 I should be prepared to accept the consequences of that,
9 but what we find very often, is people saying "Well, yes,
10 I knew the law was there and I broke it anyway, and now
I am in trouble and why isn't the law changed."

11 Maybe if enough people feel that way,
12 then the law may be changed. I don't know where the
position is at the moment.

13 THE CHAIRMAN: The lady at the
14 microphone there.

15 THE PUBLIC: Well, I only have two
16 points, one of which was already brought up, but the
17 first one I think is directed particularly to Mr.
18 Potoroka.

19 I don't understand why the "older
20 generation" feels that they have to teach us, or show
21 us, a meaningful life. You know, why isn't our interpre-
22 tation of a meaningful life just as valid as yours?

23 Why do we have to go by the old
24 standards, and accept them as being good, or being
valid, just because they have been?

25 The second point is, if you would
26 like to answer that, go ahead.

27 MR. POTOKA: Did I give the
28 impression that I did not allow to you a freedom to have
29 your own standards?

2 THE PUBLIC: Yes, you did.

3 MR. POTOROKA: I am not aware that
4 I did.

5 THE PUBLIC: You said it was up to
6 you as educators, to show us the meaningful way of life.

7 MR. POTOROKA: I don't believe I
8 did say that according to my ---

9 THE PUBLIC: Yes, you did. That is
10 a direct quote.

11 MR. POTOROKA: Mr. Chairman, did I
12 say that?

13 THE CHAIRMAN: I must say I cannot
14 remember. And I suggest we not try to find out in the /
15 script.

16 MR. POTOROKA: No, I am sure if you
17 took that meaning out of something that was said in the
18 words that you just used, that was not the meaning.

19 THE PUBLIC: I didn't use those
20 words, I wrote them down as you said them.

21 MR. POTOROKA: When did I say them?
22 I mean so that I can verify them. No, because I stuck
23 to other ---

24 THE CHAIRMAN: If you make your posi-
25 tion plain / ^{now,} I think perhaps you might be forgiven for
26 giving any other impression.

27 What is your answer to this question?

28 MR. POTOROKA: Will you repeat your
29 question then now please?

30 THE PUBLIC: I don't see the validity
31 of accepting old values, just because they have been,
32 as superior to our own values, or speaking personally,
33 to my own values.

MR. POTOROKA: O.K. You are entitled to live your life according to your values. O.K.? Are you satisfied now.

THE PUBLIC: But I am not entitled.

MR. POTOROKA: In what sense?

THE PUBLIC: By the very fact --

and this is my second point which has already been brought up, by the fact that you were saying that you are avoiding the law, you will not bring the law into an educational setting. The law is the question.

If a person is going to have a criminal record for the rest of his or her life, for living in a meaningful value system according to him, you know, that is no freedom.

MR. POTOROKA: I think there perhaps there is some confusion as between yourself and myself, is that I don't think it is encumbent upon education to propose the answer.

I do think it is encumbent upon education to see that the issue is considered from all sides, and I think that this is what we do attempt to do.

THE PUBLIC: ^{If} /it is not the responsibility of the educators, whose responsibility is it?

MR. POTOROKA: Your responsibility, my responsibility, this Commission's, everyone's responsibility.

THE PUBLIC: ^{only} But ^{only} /insofar as it is educating people into a personal moral standard.

MR. POTOROKA: No, no, but we educate them, but the decision they wish to make is

2 theirs. Don't you -- can't you see that distinction?

3 Well, speak and maybe I will.

4 THE PUBLIC: O.K. I got it. The
5 first thing is, I wonder if you were here this morning,
6 Mr. Potoroka?

7 MR. POTOROKA: Was I here? Yes, I
8 was here.

9 THE PUBLIC: Did you hear the
10 testimony of lawyer Symonds and the man who had the
11 criminal record?

12 MR. POTOROKA: Yes, I did.

13 THE PUBLIC: You still propose that
14 we congratulate the R.C.M.P. for the fine work that they do?

15 MR. POTOROKA: You will -- not if
16 that was the case in regard to that, no, but that was
17 not my point.

18 My point had to do with their brief,
19 with their brief.

20 THE PUBLIC: Well, their brief was
21 directly involved with the work that they do. The brief
22 just didn't come out of the air.

23 MR. POTOROKA: I know, but sir, if
24 you will have before you the actual written brief --
25 I didn't hear it presented, I merely go on that brief,
26 and particularly the final page and a half of the brief.

27 THE PUBLIC: What is the final page
28 and a half of the brief? I know we can't go into that
29 now.

30 MR. POTOROKA: Mr. Chairman, I am
31 in your hands. I am trying to be candid with you.

32 THE CHAIRMAN: Yes, I don't think

2 we need to know the final page and a half of the brief.

3 What is your point?

4 THE PUBLIC: I would also like to
5 say, you said you took a trip on LSD. Did you enjoy it?

6 MR. POTOROKA: Yes, I had what is
7 called a most wonderful trip, but -- the things that I
8 learned in that trip were related to my quality of life
9 before I took that trip, and I have been spending the --
10 almost nine years since then, trying to level squarely
11 what I knew before I took that trip, and was somehow kind
of emphasized when I took the trip.

12 THE PUBLIC: Would you do it again?

13 MR. POTOROKA: No, I won't. At the
14 present time, I don't need to. I found out what I
wished to find out about an LSD trip.

15 THE PUBLIC: And I would also like
16 to ask you concerning the literature that you publish;
17 the literature that I have seen that the Alcohol Edu-
18 cation Services publish is not particularly impressive.

19 MR. POTOROKA: Would you mind to
20 quote one particular piece you have seen?

21 THE PUBLIC: The literature you
have on drugs ---

22 MR. POTOROKA: No, one piece.

23 THE PUBLIC: The literature on drugs
24 I have seen you put out is literature that is very
25 similar to the literature that is put out by the Federal
26 Bureau of Investigation by the United States Government,
27 which is literature solely based on the emotional and
not scientific fact.

28 I have not seen yet, any literature

2 that you have put out that is based on scientific fact,
3 and if you have put out literature on scientific fact I
4 would like to see it.

5 MR. POTOROKA: Yes, we do.

6 THE PUBLIC: What was the last hand-
7 book on drugs you put out; when was it made?

8 MR. POTOROKA: We don't have the
9 competence to put out a handbook on drugs.

10 THE PUBLIC: When was it made?

11 MR. POTOROKA: But we had a publi-
12 cation that was put out this fall, called "Profiles of
13 Drug Problems"; in which we have selections, for instance,
14 that quote the Addiction Research Foundation of Ontario,
15 and others, and this is laid straight on the line.

16 For instance, this is the kind of
17 stuff we have in our library, if you are so curious to
18 know.

19 THE PUBLIC: You can show it to him
20 after.

21 MR. POTOROKA: Here it is, this is
22 "Beyond the Drug Experience" called "The Master Game" by
23 Walter de Ropp. Do you know of ---

24 THE PUBLIC: The next question --

25 MR. POTOROKA:
26 Do you know that? Here is the "Drug
27 Dilemma" by Sidney Cohen who heads up a wing of the
28 Federal Program, and who for years -- who has written
29 the best book on LSD called "The Beyond Within."

30 THE PUBLIC: That is his opinion.

31 MR. POTOROKA: Now wait a minute.

32 You seem to have all the answers.

33 THE PUBLIC: I don't have all the

answers. But the best book on LSD ---

MR. POTOROKA: Here is one called "The College Drug Scene" which our office handles, and we will be glad to sell you this copy for \$4.50.

"Alienation, Deviance and Here is another one, / Social Control", put out, a very sympathetic study of the problem ⁱⁿ Toronto. Now my young friend, you are asking for it.

THE CHAIRMAN: Excuse me please.

MR. POTOROKA: And here just a final one, "What's It All About, Charlie Brown?" First chapter, let me read you the first cartoon, young man.

Snoopy says, "I feel nervous." "Any doctor will tell you that if you are tense or distraught-- there is one sure way to feel better."

THE PUBLIC: Take a trip.

MR. POTOROKA:--Simply lie with your head in / water dish." This is hushed up of course, because it would completely ruin the drug companies.

I recommend that recipe to you, sir.

THE CHAIRMAN: The gentleman at the microphone, there.

THE PUBLIC: Mr. McKibben, in your discussion ^{to a} in answer/question on alcohol and marijuana, you mentioned in respect to marijuana, that as long as there is a minority there probably won't be a change in the drug laws?

MR. MCKIBBEN: I think I said a small enough majority.

THE PUBLIC: The reason this Commission is put forward, is to enquire into the non-medical abuse and use of drugs in Canada.

2 Now, I don't think it of relevance
3 whether there is a minority or a majority, the question
4 is whether or not the law is a good law, a relevant law.

5 MR. MCKIBBEN: Did you want to
comment on that?

6 THE PUBLIC: I would just like to
7 point out and ask if I interpreted what you said.

8 MR. MCKIBBEN: I think you did. The
9 only thing I was speaking from I suppose, was a socio-
10 logical and political standpoint. I think maybe the
11 size of the minority numerically is not quite as import-
12 ant perhaps, as how much influence they have on this
13 Commission in presenting material, and on the legislators
14 who in the final analysis, are going to have to make
15 any laws, and if they feel that if a large enough
16 majority are against the law, so that some of them may
17 lose office at the next election, I doubt whether it
is going to come in. That is all I was saying.

18 THE PUBLIC: As well, this takes
19 in aspect what your Commission has said. It was mentioned
20 also throughout the last few days, that when the Crown
21 Prosecutors from across Canada were here, they were
22 asked by legal counsel, and they responded -- they were
23 asked about their question of being concerned with the
24 enforcing of the law on drugs, especially marijuana,
25 and I believe there was the attorney from Toronto who
26 mentioned they were concerned with enforcing, not
27 questioning why, and I think it is very unfortunate that
28 I don't believe any of the Crown Prosecutors or members
29 of the Justice Department are present in this discussion,
30 on questioning that aspect.

2 I mean, they are prosecuting the
3 people charged with this, and if they aren't the ones
4 who should be concerned with what is happening and how
5 the people feel on the relevance of this law, then
6 I think it is a little absurd for them not to try and
7 get into -- a little further involved, and just getting
the facts to prosecute.

8 I think that is a little absurd.
9 And as far as the Committee goes here, the Commission,
10 we have -- it has been repeatedly suggested by various
11 people in the audience and making briefs, that we have
12 people going to jail, and this Committee is not supposed
13 to give its final brief for two years, and I would wonder
14 if the Committee, as they go along, see that there is
15 quite a bit of questioning by those people who say personally
16 they have their doubts to the relevance of this law,
17 whether or not they feel for the whole of society, but
18 in their own minds there is this doubt to the real
19 relevance of this law, and before the time that they
20 make their brief there is a questioning, "Shouldn't there
21 be a stand taken on their parts, either as individuals,
22 or as a Committee, as a recommendation to the government
23 and those in power, to do something in the interim."

24 That's about all I have to say.

25 MR. POTOROKA: Mr. Chairman, I would
26 say yes, if in your deliberations you find that within
27 a six month period you wish to make a rather firm
28 recommendation with respect to the law, I would be one
29 of the first to congratulate you on that, and to support
you, because I would expect that yours would be a very
well informed and valid^{view} and I say this with all the

2 sincerity that I can command.

3 PROFESSOR BERTRAND: But you would
4 still not today propose anything of this sort?

5 MR. POTOROKA: I am simply suggesting
6 that it is an open question, and we must defer to this
Commission.

7 We went through the same thing in
8 1954 and 1955 when we had one of the finest study comm-
9 issions on the alcohol problem in Manitoba, the Bracken
10 Commission Liquor Inquiry, and at that point we, as an
11 educational institution, said "The evidence is coming
12 in significantly, and we will certainly give the most
13 serious attention to their findings", because you have
14 a much greater competence and opportunity with this
15 particular problem than we have, and it's not for an
educational organization to sell you a commitment.

16 In other words, we have to keep the
17 thing open, and we will be guided by you, and we will
18 certainly -- if I have sensed ^{the real strength and integrity} in this Com-
mission, we will have no difficulty in supporting your
19 findings and your recommendations, and we will go
20 along. But I can't give you any more than that, because
21 I don't think we have the competence as educators to do it.

22 We can't do your job for you.

23 THE CHAIRMAN: Gentleman at the
24 microphone.

25 THE PUBLIC: Mr. Chairman, I am
26 associated with a student newspaper in Winnipeg, called
27 "Youth Beat". It is a high school paper and it serves
28 twenty-five thousand secondary high school students in
29 the City of Winnipeg, who would be I guess from about

2 fifteen to eighteen, and just listening to the brief
3 presented just now, I can unfortunately say that you
4 have completely missed the boat.

5 Now I say this in the sense that
6 you are putting too much faith in your educators and
7 your teachers and principals. It's amazing what happens
8 in the schools in Winnipeg, in the schools across
9 Canada. Kids get expelled, or suspended, for smoking
10 in the halls or smoking in front of the schools. Things
of this sort.

11 Now the high school community, they
12 use a lot of it, and they are well organized in the
13 sense that they are schools, so it is easy to service
14 them. An economist would look at this and say it is
15 great, look here is a ready market and we have no prob-
16 lems, but the only thing is that the only drug education
that you get in schools, is bad.

17 In the same way they tell you about
18 V.D., they have a handbook, its got a picture of a
19 snake on it, and its got V.D., and I don't know what it's
20 supposed to mean. And the same attitude they take with
21 drugs, and I don't know what the inference is but it --
22 you have to realize, and I hope the Commission realizes
23 that high schools are different in a sense, from the
university situation.

24 High school kids are a lot of the
25 times, if you check the records, that they are more
26 prone to take overdoses, to incorrectly use -- they
27 really don't know marijuana, they haven't seen it and
they take it when somebody gives it to them.

28 It is my own experience that I know
29

2 kids have sold to younger students, tea leaves, and they
3 said, you know, it's whatever it is, and they take it
4 and are completely happy.

5 In a sense -- you have got to realize
6 that you have to put the money, the time, especially in
7 the high schools where kids, you don't know, you get
8 this stuff a lot of the times from the university, but
9 the only time you talk about educators and how they can
10 tell the kids and lead them to the gates of heaven, and
what have you.

11 But there is an old saying, you have
12 probably heard it, "Those who can, do; those who can't
teach."

13 It is the same thing in schools. I
14 can't for the life of me, understand a teacher standing
15 in front of a classroom telling the students how bad
16 marijuana is, or maybe it's not, I mean he just tells
17 you it's bad and you ask him why and he says, "It's bad,
18 you know." And they have never taken it, and the ones
19 who have can't say.

20 Now one of the council^{lors} mentioned, that
21 you have to teach the way the law is written, not the
22 way it should be. If you have a teacher in the classroom
23 who says, you know, maybe marijuana isn't so bad, that
24 maybe the law should be changed and maybe you should
25 take it, well he won't be a teacher anymore, no matter
26 how you think, or how idealistic this Committee is, and
27 I know it is because you must have a lot of guts to go
28 through what you've been going through in the last few
months.

29 --- Applause.

2 And, I forgot what I was going to
3 say.

4 And it's sad, really, the attitudes--
5 I must take to task this Committee's report and their
6 faith in educators. I mean, we had an instance and it
7 was just two weeks ago, where we printed, it happened to
8 be a four letter word, in our paper, a common four letter
9 word, and the reaction from principals and teachers
was overwhelmingly -- you know.

10 One school trustee called us "dirty,
11 immoral and corrupt" and other things he would have
12 called us. They infer we are Communist and whatever
13 print the correct usage of marijuana, or you know, how
14 to shoot dope properly, just think of the reaction of
15 the principals, and we would in a sense be doing a service
16 to kids who use it. They would look at us, and say, "What
are you doing, fostering illicit drug use."

17 And what else, let's see, there are
18 a lot of things to say to high schools. It is too bad
19 that you could not just go to a high school. It is incon-
20 ceivable for you to dress up as high school students, and
21 spend a few weeks in a high school, but you really
should.

22 THE CHAIRMAN: Impossible.

23 THE PUBLIC: Well maybe not impossible,
24 but improbable. You really should, because you've got
25 to -- there is a very distinct difference between
26 university students and the way they use drugs, and high school
27 students, because high school students in a sense aren't
28 mature enough, and really don't know what they are doing.
29 They take it mainly for kicks. And what happens is, they

2 start doing up in washrooms and teachers spot them, and
3 he doesn't know what it is, he sends them out to the
4 office and they give him the boot you know, they throw
him out of school.

5 MR. MCKIBBEN: You know, I really
6 feel that you are doing a disservice to the schools in
7 this regard. You are doing, as I have heard so many
8 young people say about the older people, you know, you
9 are lumping us all in one basket.

10 THE PUBLIC: Well with good reason.

11 MR. MCKIBBEN: No, I don't think so.
12 Because I visited, and I just couldn't tell you exactly
13 how many, I suppose if I got the records I could get
14 them, we do keep statistics, but I visit hundreds
15 of schools and talk to thousands of students.

16 THE PUBLIC: Well then you can tell
17 what you are doing, is it effective, because if it was
18 effective you wouldn't have that many high school kids
on.

19 MR. MCKIBBEN: Now, just a moment.
20 That is not what I am saying. What I am saying is that
21 sometimes when I go to a school, I sense the atmosphere
22 that you are talking about. With some of the teachers
23 I get this too, and with some kids I find that there
24 is not communication any more than what you say there
25 is not with some adults. But I don't think the world
26 is sort of divided into, you know, "these I can talk to
and those I can't."

27 And in going to schools, I think
28 that I found a good deal more of a variety than what
29 you are sort of indicating here.

2 THE PUBLIC: Well you spend a day,
3 maybe two days in a school.

4 MR. MCKIBBEN: Sometimes three weeks
5 or a month.

6 THE PUBLIC: Well, three weeks or a
7 month even. But kids go to the school for five years.
8 What they do in Winnipeg, is lump twenty-five hundred
9 kids together in junior high and senior high, and they
10 have twelve year olds mixed in with nineteen year olds,
11 and these twelve year olds that is another point. They
12 are almost as much on drugs as the older kids.

13 But you are telling me you don't see
14 that.

15 MR. MCKIBBEN: No, that is not what
16 I said.

17 THE PUBLIC: What did you say?

18 MR. MCKIBBEN: I said that I found
19 some teachers and some counsellors and some principals
20 who are very concerned, and the communication is open,
21 and I feel they are doing a good job.

22 THE PUBLIC: Communication isn't open
23 I disagree.

24 MR. MCKIBBEN: In some cases it is.

25 THE PUBLIC: It is almost a parallel
26 situation to birth control, or sex education, whatever
27 you want to call it. It is absolutely a closed subject.
28 You get one or two enlightened people in school and these
29 are the few who the kids will eventually go to, but
30 most of them -- you know, the neighbourhood restaurant,
31 or wherever they hang out.

32 If I walked in to my principal, and

said, "Mr. Principal, I am thinking of taking marijuana or I took marijuana just this second, you know, what do you say about it?" Well I would be out of school and you are trying to say he is going to say, "Well, son, it's like this."

They are unreasonable. They don't listen. They don't want to listen, because you have to look at the mentality of a principal.

Now listen, I am not trying to be funny, but when you look at them their view is that as long as the school is going all right, there is no trouble, there is no hassle, you know, my job is secure, and everything is all right to him, and when they suppress something it's quiet, it's all right, and they have a job security.

They have no hassles with the parents, and the kids, well you know, you go and take a seat somewhere or whatever you do.

You ask a principal what percentage of the student population in his school are on drugs? "Why," he will say, "a very, very small minority." If he admits that you are doing well. Why the fact is, that in many large high schools in this city, it has been anywhere from fifty to sixty ^{seventy-five} to/ percent, and they won't admit it. How can you deal with these people?

And I am sure they are not just in Winnipeg -- they are all across Canada. These people who won't even admit that it exists in their school -- it exists maybe in other schools and you are trying to talk to them, and they ^{set} guidelines for ^{their} teachers -- teachers in Winnipeg school system can't advise teachers and they send them down to the Guidance Department, the

2 guidance counsellors can tell them, you know, God will
3 advise from above.

4 And what do they tell you. Well,
5 they say, "It's bad, it's no good, and it's illegal."

6 MR. MCKIBBEN: You know, you seem
7 to be very quick to lump everybody into exactly the same
8 category, and that is not the kind of world I live in.

9 I think that if you check around you
10 will find that the situation is quite different, and as
11 far as our own organization is concerned, for instance,
12 the very first thing that we say to a school when they
13 ask if we -- if I -- this is the way it comes to me
14 because I happen to be the one doing it in the Winnipeg
15 area -- if they ask me if I can come into the school
16 and spend sometime with their students, the very first
17 thing that I say to the counsellor, or whoever comes to
18 me, "Can we involve some students in the plan?"

19 If we can involve students, I don't
20 want to talk to the goodie-goodies, the square kids, and
21 so on, I want to meet a good cross-section.

22 Sure, we will have some of the
23 goodie-goodies in it, but let's have some from the other
24 end of the scale, the potential drop-out, and the whole
25 bit. Let's find out what the kids want in the program,
26 and then let us give it to them.

27 PROFESSOR BERTRAND: If I may inter-
28 fere for just one second sir.

29 A moment ago, you were saying that
30 you spent about three weeks or a month in a school.

31 MR. MCKIBBEN: I did this just on
32 an experimental basis in a very few schools, to see if

1 we could carry on a program like that.

2 PROFESSOR BERTRAND: I find that
3 quite admirable, and I still envy you in some way because
4 you have been spending hours and hours with youngsters
5 as we are doing today, and we have some days to do, but
6 not that many days you know, and when you tell us, you
7 know, this is your responsibility to actually assess the
8 situation and decide on this drug problem, I think this
is a bit unfair.

9 You know, we are here as a Commission,
10 ^{been} we have/appointed, and we have such a time to
11 evaluate this issue. And you educators in close contact
12 with youth, woulnd't have formed any idea as to this
problem, and this legal problem.

13 MR. McKIBBEN: Yes, I have a personal
14 opinion, that I have formed, and I find it difficult
15 because my own feeling is this. That I think whenever
16 you change a law, whenever you change anything in a
17 society, you change many aspects of the society.

18 For instance, I remember a conver-
19 sation we had not long ago, about the fact that the
20 car had not only changed our transportation, it changed
21 our courting, it changed marriage patterns, it changed
22 everything. Just the fact that we learn how to drive
a car.

23 O.K. I think the same thing is
24 true here, and I have a horror of legislation that is
25 brought in quickly. I think it is kind of too bad in
26 a way, that we do have a legislative lag, we always
27 seem to get into a mess, and when the mess gets bad
enough we tend to do something about it.

28 But maybe that is better than bringing
29

2 in hasty legislation, and then afterwards discover that
3 we made the thing worse than it was in the first place.

4 Now my own feeling is this, that
5 some kids are using drugs, and I think we should diff-
6 erentiate very -- you know the statement was made a
7 moment ago -- I forget the exact figures, was it fifty
8 percent, or whatever, that seventy-five percent or
something like this, are using.

9 My own feeling is probably that this
10 is not the correct statement if you think of using as
11 using it continually. And I think that probably fifty
12 or seventy-five percent of the kids have experimented
but even then I doubt that it would be that high.

13 The statistics certainly would not
14 indicate that, and in talking to the kids, I am not
15 saying that some of the kids didn't say -- they didn't
16 tell me they did, and I am not saying they should have,
17 but classes were ---

18 PROFESSOR BERTRAND: But with regard
19 to decision making?

20 MR. MCKIBBEN: With regard to
21 decision making, all I was going to say was that if
22 some way can be found, now maybe, you know, cut off the
23 record or something, I don't know if there is some way
24 of probation, some way of suspended sentences, something
25 like this, that could be used rather than incarceration
26 or if the kids could be given a warning the first time
27 or something, and differentiate very sharply between the
28 kid who has tried it once or twice, the kid who
29 has been involved in some sort of social destruction,
30 anti-social behaviour or something or where some prob-

2 lem has been created, I think we have to make these
3 kinds of distinctions.

4 But I would hate -- well this morning
5 for instance, one lady in private conversation, said she
6 would like to see a moratorium until the findings were
brought in.

7 Well this in itself is a social
8 change, and I don't think you can go back if you decided
9 at the end of two years that the moratorium didn't work,
10 that you should have stiffer penalties, I don't think
11 that it would be possible to go back.

12 I would like to see this Commission
13 bring in its results as rapidly as possible, but I would
14 hate to see hasty legislation.

15 THE PUBLIC: Mr. Chairman, I just
16 want to conclude just by saying that my experiences and
17 of people working on the student paper have realized--
18 I can say it -- please don't listen to people, good
19 intentioned adults and people, in a sense like you, I
20 would say that is just not where it is.

21 You would be wasting your time and
22 the effort you put in, and looking at this in a sort of
23 patchwork way.

24 I would say, you know, it is obvious
25 that, you know, the -- oh yes, here it is, it's obvious
26 that the laws are completely inappropriate to the effects
27 of marijuana, and this would be the only instance where
28 you have a case of the punishment for crime being more
29 severe than the crime itself, and what these people are
30 saying, these well-intentioned organizations are saying,
"Well, it's not really ^{a problem} / If you wait long enough, there is

no problem.

1 I didn't say you
2 said it, I am just saying other people, you know, ---
3

4 THE CHAIRMAN: Excuse me, there is
5 a gentleman who has been waiting a very long time.
6

7 THE PUBLIC: First of all I would
8 like to say that this is a real picture, because these
9 three gentlemen have been brought here to give official
10 and supposedly competent information pertaining to the
11 non-medical use of drugs, and as such I haven't seen
12 anything given, any recommendations made, the basis of
13 education is in question, because they are not willing
14 to commit themselves to anything.
15

16 They said they have taken LSD trips,
17 participated in group education programs, and as such it
18 has been a waste of a lot of time, your time, and I am
19 sure you have wasted other people's time, because this
20 is a very serious problem and it has to be approached
21 in a very serious and competent manner.
22

23 And you can't go around putting your-
24 self into the position where you will be listened to, and
25 no recommendations can be made.
26

27 You say you extend congratulations
28 to the R.C.M.P.; for what, for putting people into
29 prisons where they can get drugs much faster than you
30 can at any high school or anywhere on the street? Where
31 people -- there is homosexuality going on, people are
32 thrown into these prisons, their minds are being warped
33 and then they are being released back into society.
34

35 Do you expect people to go around
36 appreciating the police force, appreciating their
37

2 elders? Like, you have to set some guide line that
3 people can follow, people can trust and believe in.

4 Thank you.

5 MR. POTOROKA: Mr. Chairman, may I
6 say in comment on the last two young men, that we are
7 trying to be helpful -- not ramming down any help, we
8 are trying to be helpful in an educational way.

9 We did anticipate that the young
10 people that had run afoul of the law would have diffi-
11 culty hearing what we were saying, since our remarks
12 were not addressed mainly to their problem, because after
13 all, they are not the only young people -- old or young
14 people in this country.

15 We recognize we have a full responsi-
16 bility to them. We didn't -- some of the remarks were
17 largely guided by another segment, by far the largest
18 segment of teenagers, and we did risk, and it is obvious
19 that this group would -- some of this group would miss
20 out on the fact about who^{we} were addressing our remarks
21 to.

22 Now, we will accept that as being
23 poor communications, but I want to assure these young
24 people that we are interested in them, and they are
25 mighty fine young people, and we will be glad to learn
26 from them, but let them not think that they are the
27 only source in Canadian society from whom an educator
28 can learn something about this problem.

29 THE PUBLIC: Yes. I understood Mr.
30 Potoroka to say that he is in favour of us being able
31 to live in accordance with our own values, and that we
32 are free to live within our own value system, and he

2 also says that marijuana at this time should not be made
3 legal.

4 Well, I would suggest to him that
5 as long as there is such a category in criminal law as
6 crimes without victims, then people are not free to
7 live within their own value system. As long as vagrancy
8 can be a crime, the crime is being without money and
9 as long as suicide is a crime it is a crime for failing.

10 I think this completely precludes
11 allowing people to live within their own value systems.
12 Also, this morning at the University, Mr. Campbell asked
13 for recommendations. Should there be a recommendation
14 that marijuana be legalized from this Commission? I
15 would like to see it made a retroactive law. that is, any
16 body sitting in jail now would be released immediately
17 and criminal records wiped out.

18 This is probably unrealistic, but
19 in the interim report I would like to see a moratorium
20 declared where charges -- well, might not be dropped but
21 would not be acted upon pending the completion of the
22 report.

23 Finally, I would like to thank the
24 Commission for the integrity and the fairness they have
25 shown; and a special thanks to Mr. Bowlby for helping
26 Mr. Chalmers yesterday clear up his position.

27 Thank you.

28 THE PUBLIC: There are a few things,
29 Mr. Potoroka, I would like to ask you, and one of those
30 -- from the material in your briefs, how did you collect
this material?

31 The other thing, if you are referring

2 to the Ontario Alcohol and Drug Education pamphlets, I
3 would suggest that you look into them very carefully.
4

5 On one of the pages they have a
6 picture of a nice, happy family downing down a glass of
7 alcohol, and on the back page they have a picture of a
8 very psychedelic kind of colouring, where somebody really
9 has freaked out on a few of the drugs, and I ask you if
10 this is really education.

11 And as far as education is concerned,
12 I wonder if your briefs have considered educating
13 people as to the contents of the kinds of drugs that
14 seem to float, that are in the illegal market, for
15 instance LSD that has contents of strychnine.

16 I am wondering if your alcohol
17 education service is including these things in its brief
18 too.

19 MR. POTOROKA: Mr. Chairman, may I
20 reply?

21 I have a great deal of sympathy for
22 the issues which you have raised, and I can assure you
23 that it is our intention to act with integrity on them.

24 For instance, at a -- the North
25 American Association of Alcoholism Programs, at the
26 annual meeting in Vancouver in mid-September, this very
27 question was discussed by several representatives of
28 the Addiction Research Foundation of Ontario, as to the
29 matter of impurities in drugs, and we take a dim view
30 about the fact of the impurities and the adulteration.

31 I mean, we are on your side of that,
32 let me assure you, we are trying to be every bit as
33 understanding and sympathetic.

2 THE PUBLIC: What I am say, Mr.
3 Potoroka, how can you be on our side, if you state,
4 according to that pamphlet, that all drugs are just bad
5 without making any other kind of analysis, or anything
like this.

6 Your education process is not
7 credible. It is not credible to the actual people who
8 are using these drugs. Ask any high school kid. He
9 will tell you. In fact, ^{they have} / told you.

10 MR. POTOROKA: Mr. Chairman, could I
11 ask for the identity of the Addiction Research Foundation
12 pamphlet that is being mentioned, because I am at a loss
13 to know what particular piece of literature?

14 Pardon me?

15 THE PUBLIC: OPTAT.

16 MR. POTOROKA: OPTAT. Well, we don't
17 handle any OPTAT information, because usually it would
18 come to us in French and we can't ---

19 THE PUBLIC: I bought this material
20 in Toronto, and they informed me they sent this material
21 out to every group -- alcohol education group in Canada,
22 so I imagine you do have it in your office.

23 If you don't have it, I will send
24 it to you. I have a box load of it. I also have some
25 very good material which I think is credible which was
26 published by the Trailer people in Toronto.

27 MR. POTOROKA: Fine. We will be
28 glad to get both of your samples, and I can assure you
29 that we will use the superior material if it is that
superior.

30 THE CHAIRMAN: Excuse me, would you

1 send the two samples to us indicating why -- what you
2 think is good and reliable, and why?

3 THE PUBLIC: Yes.

4 THE CHAIRMAN: Thank you.

5 I think I should call now upon the
6 Canadian Student Liberals, and thank you very much,
7 gentlemen, for your presentation.

8 MR. CAMPBELL: If you have a box
9 load of those and you are sending them, would you send
10 one of them for each of us?

11 THE CHAIRMAN: The Student Liberals
12 are represented by Tom Mernes, President; George Egan,
13 Policy Co-Chairman; and while you are coming down to
14 the table there is a gentleman at the microphone.

15 THE PUBLIC: Thank you, sir. I would
16 just like to mention, members of the Committee and others
17 in the past two days have been quite worried about saying
18 that what would happen if there was a change in the law.

19 That they are worried about the
20 effects that there might be with relation to other
21 drugs and so on. The question is with no change in the
22 law, the way the law is today, there is something happen-
23 ing and it isn't anything good.

24 People are becoming paranoid which
25 you have heard for the last two days, of kids speaking
about it. And the thing is that if there is a change,
look at what is happening the way things are going.

26 Police are looking at more of the
27 kids and when they look at the kids they become more
28 radical, they don't care, they don't ask what the kids
29 are doing.

1
2 A policeman turned to me and said,
3 "If this is the way kids are acting in university, I am
4 not going to send my kid to university."

5 Now, if this is just as a result of
6 the law as it is, it is just the effect, and without
7 the questioning on the police department, those in the
8 position of prosecution for the Crown, it is quite
9 empty, because then the kids in return are more dis-
10 trusting and more wanting to care about the admini-
11 stration of justice, they are wanting to care about
12 authority and you are just radicalizing one another.

13 THE CHAIRMAN: Thank you.

14 Now, excuse me, is it Mr. Bernes?

15 MR. BERNES: Yes. Mr. Chairman,
16 fellow Commissioners. My name is Tom Bernes, I am the
17 President of the Canadian Student Liberals, and my
18 Co-
19 colleague George Egan, the National Policy chairma

20 We are here today with our brief,
21 not because we have any new or startling information on
22 marijuana, but because we would like to express what we
23 believe to be the opinions of our fellow Student Liberals

24 And the points on marijuana are "Two
25 Generations in Conflict" and after hearing ^{some of} the testimony
26 it may be appropriate to rename it "Marijuana, Two Generations at War", I
27 don't know. My colleague Mr. Egan, will open up, raising
28 a few points which have been brought up through the
29 conversation and the debates which we include in our
30 brief, and then I will follow him, talk with him
specifically about the conclusions and recommendations.

31 MR. EGAN: In speaking I am going to
32 refer directly to the brief, but I am going to be skipping

1 about. I don't know whether it will be possible to
2 follow me or not, but I am going to begin on page eleven,
3 excluding the beginning of the brief.
4

5 I think that we have to realize here
6 that it is a fact that a pattern has been set within
7 Canadian society, that drug use has become popular.
8

9 I think it is a pattern which has
10 been entrenched in society, at least among young people
11 and the majority of people using drugs are young people,
12 so these are in the non-medical use of drugs.
13

14 I don't -- in all fairness, I don't
15 believe that this a universal acceptance, and I think
16 we should state that. I believe that there are students
17 both in high school and in university who do not totally
18 accept the idea that the use of marijuana should be
19 legalized, if we want to state that, but I think that
20 we should face the fact that a large majority does.
21

22 This is referring to page eleven, or
23 twelve of the brief. I would like to go back to page
24 ten now, and one of the speakers this afternoon mentioned
25 the fact that high school students are using drugs, and
26 I believe he said twelve year olds.
27

28 One student which I spoke to in the
29 Maritimes, in preparing this brief, made this statement,
30 and I will quote it: "...there are drug rings in the
31 grade schools, and the little grade sixers are turning
32 on more readily because they still have the child's
33 mentality to conform to what their friends are doing."
34

35 So it is not only a problem among
36 university students, and high school students, it goes
37 much further.
38

1
2 It is the very young. These would
3 be ten year olds.
4

5 I think it is clear though, to us,
6 that drug use is not any more to be considered confined
7 to criminal, deviant, or low class groups. I think we
8 can find any examples throughout all sectors of our
9 society.
10

11 That is all that I really want to
12 say regarding the brief, other than to point out one
13 or two particular things.
14

15 One is that the term "hashish" refers
16 to the resin itself, of course, as the Commission well
17 knows, and that hashish is considered several times more
18 potent than marijuana or other preparations of the whole
19 cannabis plant.
20

21 But by "potent" we mean that to use
22 an example of drug "A" is more potent than drug "B" only
23 in the sense that it takes more of drug "B" to produce
24 the same effect -- to produce that effect which drug "A"
25 would have.
26

27 That is if one consumes enough of
28 the cannabis he will assume the same effects as hashish,
29 so therefore, when one is more potent than the other
30 there is no real difference between them, because you
can just use as much of one to produce the same effect.
That was mentioned on page four of the brief.
31

32 One other last point, on page eight,
33 there has been -- seems to be a great deal of question
34 over whether use of marijuana will lead to use of heroin,
35 and I think that while statistics may prove that a high
36 proportion of hard drug users have used marijuana, I
37
38

1 don't think in all fairness to the -- in all fairness,
2 you can say that it is, you know, since one -- since
3 heroin users for example are using marijuana, I don't
4 believe you can say that those who are using marijuana
5 will eventually turn to heroin.

6 I think that this is an unfair
7 statement to make this assumption. I think that now I
8 will turn it back to Mr. Bernes, who will go on.

9 MR. BERNES: I will deal specifically
10 with the conclusions and recommendations. I will read
11 for you all verbatim, although I want to add some
12 comments while I am reading.

13 It has been indicated earlier in
14 this report, that marijuana has become the symbol of
15 a new culture with different mores, different levels
16 of people from those in the old culture.

17 The new culture has chosen marijuana
18 because it alters consciousness in a manner precisely
19 perfect for the group tendencies of young people. Also,
20 in the light of what evidence has been gathered to date,
21 it is not addictive, does not cause cancer or cirrhosis
22 of the liver, and causes no hangovers.

23 Those who argue that marijuana should
24 continue to be illegal because although no physiological
25 malice has been proved, it might be at some point in
26 the future.

27 This is a nonsensical argument,
28 because it means that society should remain stagnant
29 because of possible ill effects of anything new.

30 I think nowhere do we see a situation that could guarantee one hundred percent. There

1 is no guarantee in our society, in terms of anything,
2 what one has to do to remove all probable doubt.
3

4 I would suggest that studies that
5 have been done to date, particularly in the use of mari-
6 juana, have most certainly indicated that at best, no
7 worse than some of the drugs the older generation is
8 using, and there are those who suggest that it is harm-
9 ful, and has ill effects.

10 I would suggest that they should
11 come forward before this Commission. I haven't noticed
anyone coming forward/which indicates that marijuana will
12 lead to deterioration.

13 An important factor to consider is
14 that no person or firm in the world has better public
15 relations personnel, than the new culture and marijuana.

16 The Beatles, the Rolling Stones,
17 Jimi Hendrix, Simon and Garfunkel and a whole host of
other beautiful people sing their praises.

18 Movies such as Easy Rider glorify
19 the new culture. If society is really serious about
20 stopping the use of marijuana, parents better start
busting all their kids' records. I think this is an
important point.

21 We are dealing here, not simply with
22 a drug, but with a culture of which the drug is an
23 important part, and as I said, it is glorified in records
24 it is glorified in movies, the older entrepreneurs of
25 society have picked up on the outside parts of the new
26 culture, the psychedelic posters and so on, and I
27 am not talking about stopping the use of one drug, we
28 are talking about stopping the new culture, basically.
29
30

1
2 That's what the people are reaaly doing if they are really
3 serious about stopping marijuana, and I suggest they would
4 pretty well have to wipe out a whole generation of young
5 people.

6 Furthermore, it must be realized
7 that young people do not smoke marijuana because it is
8 "needed." Whenever a parent asks his child "Why do you
9 need these drugs? Don't you know you have it within
10 yourself?" then he immediately breaks communications.

11 Young people smoke for the same
12 reason older people drink -- because they like to do
13 it. Older people get tipsy and talk about their youth,
14 young people get stoned and listen to the Beatles. Same
15 reason, different drug.

16 I also make some proposals
17 concerning marijuana, the more powerful psychedelics,
18 and the hard narcotics.

19 Marijuana does not lead to heroin
20 addiction, it is not as powerful as alcohol, and
21 apparently has no physiological malice. It should be
22 legalized.

23 A first step which you should
24 recommend in your interim report is a complete moratorium
25 on drug prosecutions.

26 There are powerful and compelling
27 reasons for this. First, legalization would take the
28 trade of this weed out of the hands of organized crime.

29 Presently, students and young people
30 get it as much as possible through their own personal
friends, but inevitably there is contact with under-

world figures. This means they run the risk of dealing with expert pushers, who will force or trick them into taking heroin, even though the taboo against heroin and its addictiveness is presently very solid in the new culture. This is a very compelling reason for legalizing marijuana.

Along the same lines, getting marijuana smoking out in the open would enhance the growth of mores to moderate use of marijuana, so that potential overuse with concomitant psychological dependence, which is possible with any drug, could be subject to cultural control.

Secondly, legalization would bring in a good bit of public revenue, as those persons who are presently making fortunes would have to pay taxes. Mr. Benson might enjoy that. It would also guarantee the purity which goes along with public surveillance, so that young people would not get "burned" or worse, get impure or heroin-treated marijuana.

Finally, legalization would be a significant step toward a return to law and order in this country. Thousands of young people smoke pot, knowing that they may face a seven-year sentence because of the law, which places pot and heroin in the same category.

Therefore, they develop a tremendous contempt for that law, which creates a contempt for law in general. There is a sub-culture (soon to be culture) of young people who are "criminals", and as you well know, lawmakers are the enemies of criminals.

2 Why now, just suppose for instance,
3 that liquor drinking became a criminal offence. What
4 would our older generation's assessment of law and
5 order be as they were carted off to prison for six months
6 to two years?

7 So much for marijuana. It should
8 be legalized. What about peyote, mescaline, psylisibin
9 and LSD? Like marijuana, these drugs are on this planet
to stay; we might just as well adjust to that fact.

10 These drugs differ from marijuana
11 in that the first three are about one hundred times as
12 powerful as pot. They differ also in that literally no
13 one knows exactly what psychological and physical damage
they might cause.

14 What should be done? First, we
15 should separate them in our minds from the addictive
16 drugs. These drugs are not addictive.

17 I am speaking in a physically addicting
sense here
Secondly, we should put resources

18 into research to find out exactly how these drugs affect
19 people, and how they could be used medically and
20 educationally. I stress the ^{word} / "educationally". These
21 drugs have immense educational potential, particularly
22 in light of the fact that the present outmoded education
23 system is so boring and prison-like, that young people
24 are threatening to completely destroy it unless it
loosens up.

25 Secondly, with regard to the power-
26 ful psychedelics, we must take the lead in setting up
27 clinics where those young people who do take these
28 drugs will be able to take them under supervised con-

1 ditions. Otherwise, they will take them in hovels
2 they run into difficulty;
3 God only knows what could happen to their minds.

4 Now the bad drugs. Powerful
5 amphetamines, opiates, and barbiturates are the physi-
6 cally addicting drugs.

7 The first way and only way to fight
8 stupid use of these drugs, particularly heroin, is
9 through extensive education. But, sharpen your pencil
10 for an important sentence here. What we are doing now
11 is letting policemen and narcotic agents and other non-
12 qualified people, in the school setting, propagandize
13 young people by classifying marijuana and the psychedelics
14 along with hard narcotics, and in so doing, adults are
15 making themselves the laughing stock of their children,
16 and in a few cases, doing them a serious injustice,
17 since young people will smoke marijuana, and if the
18 cronies keep telling them that marijuana and heroin are
19 the same, then they will take heroin or barbiturates or
20 speed, because they know that grass does not harm them.

21 We have to get in overdrive, and
22 seriously overhaul the local drug education programs,
23 because these represent probably the most serious threat
24 to a healthy society that one could ever imagine.

25 I suggest we had a prime example
26 this afternoon from the Manitoba Drug Education, which
27 preceeded us, in one of the statements that was made it
28 was said that their director has great rapport with
29 the school teachers and administrative staff. I would
30 suggest that is irrelevant here. I would suggest, do
they have it with the young people; do they have the

1 same rapport as they do in my school, or do they have
2 the same rapport as they had with the young people here
3 today, and I would suggest that perhaps they might as
4 well scratch it and start over again, because they are
5 not credible. They create a credibility gap.

6 I would suggest this extending into /
7 other fields.

8 Secondly, with regard to the bad
9 drugs, extensive rehabilitation programs are needed for
10 the people in the older generation who are hooked on
11 them.

12 These people are staying alive by
13 pushing the bad drugs on young people, and we know just
14 how good a salesman can become when his life depends
15 upon it. There seems to have been a recent breakthrough
16 with regard to effective heroin rehabilitation by the
17 use of "methadon maintenance", a therapy in which heroin
18 addicts can stay alive and functioning on methadon,
19 publically administered for about thirty cents a day,
20 instead of the usual thirty to one hundred dollars a
21 day for heroin.

22 If this program could be expanded,
23 we could wipe out the better portion of crime in the
24 streets, as well as one of the major threats to young
25 people's health.

26 In this regard we would say this to
27 this Commission; particularly the system they have in
28 Great Britain where I think they have finally reached
29 the point of looking at the question of drug abuse as
30 a social problem, rather than a criminal offense and

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1 in this manner. This
2 began to treat people / /makes a lot of common sense
3 to me.

4 In terms of taking LSD and the
5 question of its illegality, I don't want to leave the
6 impression that I recommend its complete legalization,
7 because I think there are legitimate questions which
8 can be asked here. I have heard the statement that it
9 causes chromosome breakdown, and, well, caffeine in the
10 same concentration will cause a chromosome breakdown too,
there are a lot of questions in the minds of young people.

11 I think I would make trafficking in
12 some of those drugs an offense. I would not make poss-
ession an offense. I think this Committee might look
13 at the testimony of Dr. Goddard, the former head of the
14 Drug Bureau for the Federal Department of Health Education
15 of the United States, and his testimony for the Conference
16 when they called for the use of LSD to be made illegal,
17 and he said, in his opinion if he was responsible for
carrying out the program, he would not make it illegal,
18 and that he did not find this was any way to deal with
19 the situation.

20 However, the F.B.I. and the Tax Bureau
21 was responsible for carrying out this policy, and there-
fore they were recommending this policy, and he
23 felt they should pass it, although he definitely stated
24 that it was a complete contradiction of that policy.

25 One other point in terms of the
26 statement about praising the study which was recommend-
27 ed by the previous speakers, and I would just register
28 my view that I don't believe this Commission should

1 particularly praise the R.C.M.P. I don't believe they
2 should praise a group which infiltrates and wins over
3 friends among young people, and then betrays them.
4

5 I don't believe you should praise
6 a group which has been discriminatory in its picking
7 people up for the use of these drugs in the main
8 groups which they have searched out to try and get at,
9 and I would say one other thing in terms of the comments
10 by some of the Crown prosecutors yesterday, I find it
11 very disturbing when they were making their comments
12 that there really seemed to be no Department of Justice
ruling on this matter in terms of drug prosecution.

13 Well I have been involved in this
14 question for some time. I had this conversation with
15 their senior member of the Department of Justice, who
16 said that -- it was the Department of Justice's general
17 policy now, that all first and second offenders
18 for mere possession, the Crown was to ask for suspended
sentences only.

19 Now in light of the comments of
20 the individuals yesterday, I would suggest -- one, that
21 there is bad communication in the Department of Justice
22 and secondly, they have some Crown prosecutors who have
23 a great moral campaign. I have confidence in the
24 individual who gave me this information, but I don't
25 want to incriminate him by making it public, but if the
26 Commission is concerned with this, I could privately
27 later let you know who the individual was, and what
28 position he holds, because I think this is a matter which
29 you might possibly look into, but that will conclude
30

1 my comments.

2
3 THE CHAIRMAN: Thank you, Mr. Bernes.

4 Are there any questions or comments?

5 Yes, the gentleman at the microphone?

6 THE PUBLIC: Yes, I have a question
7 if I may.

8 Mr. Bernes, is that your name?

9 MR. BERNES: That's correct.

10 THE PUBLIC: Are you part of the
11 National Association?

12 MR. BERNES: Yes, I am president of
13 the Canadian Student Liberals, which is a group of some
14 sixty University Liberal Clubs across the country.

15 THE PUBLIC: Good. I just wondered
16 why you picked Manitoba.

17 MR. BERNES: I am from Winnipeg,
18 originally.

19 THE PUBLIC: It's a good place to start
20 a "Ginger Party"-in the mind of the
21 National Executive, aside from presenting this brief to
22 the Commission of Inquiry to also present it and per-
23 haps press, you know, the recommendations you have pre-
24 sented within the Liberal Party, which I assume your
25 organization would have some representation, or channels
26 of communication in.

27 MR. BERNES: I don't want to turn
28 this into a political thing, but I might say that we
29 have presented similar views last February, to the
political cabinet, which was a meeting we attended with
the complete Federal Cabinet, and I myself have had
individual meetings with Mr. Turner, the Minister of
Justice, and Mr. Munro, the Minister of Health, where

1 we have specifically dealt with this point, and we have
2 expressed the same views to them.

3 THE PUBLIC: That was my question.
4 The only comment that I want to make, and it fits in
5 here, is that, you know, reading in -- the popular liter-
6 ature, especially the more dated literature on develop-
7 ment of people, how children grow, how adolescents grow,
8 there is still, you know, the predominant kind of jargon
9 or language that is disease centered, where young people
10 if they do something that is somehow unusual, there is a
11 character weakness involved, or a moral lacking involved,
12 an individual alienation where an individual can not
13 relate meaningfully to other people.

14 I think the kind of thing that I
15 have sat through here for two days, has been pretty
16 enlightening for me, because it is kind of pointed out
17 that there are a lot of alienated younger -- younger
18 thinking people who may be alienated, but they are start-
19 ing to get alienated together, and I think that is a
20 healthy kind of a sign.

21 Thank you.

22 THE CHAIRMAN: Any other questions?

23 Well, it would appear that we have
24 reached the end of our hearings in Winnipeg, and I ---

25 THE PUBLIC: I would like to make
26 one comment. I am sure the Committee is familiar with
27 the Paradisio and Fantasio experiments in New Amsterdam.
28 Are you familiar with those?

29 I would like to make just one
30 comment on that. I would think that you would hopefully -

1 ignore this, or exclude it from your discussion, because
2 it doesn't seem to be a relevant problem at hand.
3 answer to the
4 because I am sure as long as you are in the buildings
5 you can sell, or you can smoke, without being -- having
6 the danger of being busted, but in the effect, just
7 because of that there is no assurance of what you are
smoking.

8 I mean, we have talked here about
9 the infiltration of the Mafia and soaking marijuana in
10 speed or heroin, and these are always aware, and as well
11 they are still a problem.

12 If you are not the Paradisio or the
13 Fantasio, you can get busted anywhere in the streets or
14 home for dealing, anywhere like this.

15 THE CHAIRMAN: I thank you, gentlemen.

16 THE PUBLIC: I was just going to
17 say, there is a specific -- there has been a few
18 specific references made throughout, to legalize -- not
19 necessarily legalize but eliminating penalty for poss-
20 ession, and yet having a penalty for trafficking.

21 Specific reference was made to LSD.
22 Specific reference was made to LSD in Mr. Bernes brief.
23 I do not know -- Professor Penner probably brought this
24 point out, and I don't know whether I hit the pulse
25 or not, but it's like saying women can have babies, but
26 sexual intercourse is strictly taboo.

27 I mean, how can you do that, you
28 know, how can you just say that you can smoke marijuana
29 but you can't get it anywhere.

30 It is just completely -- it doesn't

1 follow. It is not going to eliminate any of the criminal
2 or degenerate, somebody might call it problems that have/
3 arisen.

4 THE CHAIRMAN: Thank you.

5 Thank you gentlemen.

6 And I now declare these hearings
7 terminated, and thank you all for your attendance and
8 contribution to our Inquiry.

9 --- Upon adjourning at 6:00 P.M.

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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINIS NON MEDICALES

November 14, 1969
Wesley Hall,
University of Winnipeg,
Winnipeg, Manitoba

1 COMMISSION OF INQUIRY
2 INTO THE
3 NON-MEDICAL USE OF DRUGS

4 COMMISSION D'ENQUETE
5 SUR L'USAGE DES DROGUES
6 A DES FINS NON MEDICALES

7 BEFORE:

8 Gerald LeDain, Chairman,
9 Ian Campbell, Member,
10 J. Peter Stein, Member,
11 H. E. Lehmann, M.D., Member,
12 James J. Moore, Executive Secretary,
13 Marie-Andree Bertrand, Member.

14 COUNSEL:

15 J. Bowlby, Q.C. Counsel for the Commission

16 RESEARCH:

17 Dr. Ralph Miller,
18 Dr. Charles Farmilo

19 SECRETARY TO THE CHAIRMAN:

20 Vivian Luscombe.

21 November 14, 1969
22 Wesley Hall,
23 University of Winnipeg,
24 Winnipeg, Manitoba.

COMMISSION OF INQUIRY INTO THE NON-MEDICAL USE OF DRUGS

Noon Session

at Wesley Hall, University of Winnipeg,

November 14, 1969.

Upon commencing at 12:35 P.M.

THE CHAIRMAN: Ladies and gentlemen, seeing -- I apologize for having you wait here like this. I think -- I don't think I need to take much of our time with the background of our appointment, and our terms of reference. I think you have the general idea of that.

We are proceeding -- we are using various methods of inquiry, and in addition to our public hearings of course, we are seeing people privately, individually, in small groups and taking evidence privately and anonymously, and seeing experts, and so on, but in our public hearings we hope to have the benefit of as many views of Canadians as possible, and so to stimulate general public discussion.

If anyone has anything that they feel will be better said to us privately, we will be glad to see you privately, but in these public hearings, particularly here in the University, we come to listen and to learn, and to get an idea of your understanding of this phenomenon of the non-medical drug use, and what it means, what you think it means, its causes and significance in relation to other things that are happening in our society and also what you think about our

1

3

2 present social response to this, our present legal
3 approach, approach to the laws, our approach to education,
4 treatment. We have to try -- we have to try to under-
5 stand what this really is, and all its dimensions, and
6 we need a lot of assistance for this.

7 We need to hear from people who
8 really know what it is, and we are asked to report on
9 this, and we are asked to recommend to the Government
10 what kind of a general social response it is called for,
11 that is, not law, but information, education, research,
12 treatment, and so on.

13 So we are here to listen, and there
14 is no formation, we have no schedule of briefs. There
15 is a mike up here, and a mike down here, so please
16 assist us.

17 Yes?

18 THE PUBLIC: I wonder if I might
19 begin. I am a social worker.

20 THE CHAIRMAN: I am sorry. I am so sorry.
21 Could I just introduce the members of my Commis-
22 sion?

23 On my right is Dean Campbell of Mon-
24 treal; and on my immediate right Dr. Heinz Lehmann
25 of Montreal; on my left is Mr. James Moore, Executive
26 Secretary of the Commission; on Mr. Moore's left Professor
27 Marie-Andre Bertrand of Montreal; on Miss Bertrand's
28 left, Mr. J. Peter Stein of Vancouver, and there are
29 members of our staff around and about.

30 I am sorry, I don't know where they

2 are, but will you begin now?

3 THE PUBLIC: I am a social worker
4 vitally concerned with the problems of youth

5 I have been following the mass medias
6 coverage of the Commission so far, and what seems clearly
7 obvious to me, is that many of the arguments that you
8 have already heard are being repeated in many of the
9 cities, that people with vested interests are presenting
10 views to youths, for instance, people who are working
11 for the Justice Department, B.C.M.P. officials and
12 prosecutors are suggesting to you the point of view that
13 drugs are an ill, are impairing our youth and those
14 people using drugs, and some people have tried to make the
15 correlation to you that there is some correlation between
16 the taking of marijuana and the use of hard drugs.

17 People with other vested interests,
18 be they users, defence lawyers, or other people who we
19 might put in that category, such as professional people,
20 such as psychologists, psychiatrists, are pointing --
21 are trying to make the point, it seems to me, that
22 marijuana, for example, is not a narcotic, has no business
23 being in the Narcotic Control Act, but rather, should
24 be in the Food Control Act.

25 Rather than presenting the various
26 points of view to you, and I am sure you have already
27 heard them, I would like to make only one point. What
28 is clearly obvious to me, that whether in fact marijuana
29 should be taken out of the Narcotic Control Act, or put
30 into the Food and Drug Act, there are a lot of unhappy

1
2 teenagers, and young adults, in our society. Canadian
3 society, a lot of kids who, for a variety of reasons,
4 are taking drugs and whose lives, unfortunately, are
5 rather messed up as a result of the law.

6 I am not going to make a value
7 judgment whether or not taking drugs is good or bad,
8 but it seems clearly obvious to me that because one goes
9 to jail because of possessing or pushing drugs is clearly
10 an unfortunate situation, and from a moral kind of point
11 of view, I would simply ask, certainly ask the Commission
12 to consider this in any recommendation they might make
13 to the Government.

14 Thank you.

15 THE CHAIRMAN: Thank you. Dr.
16 Lehmann?

17 DR. LEHMANN: I should like to ask
18 the question of the audience, something that has been
19 intriguing us, the Commission, for sometime, and that
20 is, what do you consider to be so unquestionably bad
21 about hard drugs, heroin for instance?

22 Yesterday at the University of
23 Manitoba, one of the students told us that he -- so
24 unspeakable that he wouldn't even talk to a heroin
25 freak. Now, what is so bad about hard drugs? Suppose
26 one would find that a certain increase of heroin use
27 is due, or is bound to occur with very large increased
28 use of marijuana. What could be so very bad about it?

29 THE CHAIRMAN: Gentleman there.

30 THE PUBLIC: It appears to me that

1 the worst thing about hard drugs, is the only thing I
2 can -- that is apparently bad about hard drugs, is the
3 actual medical ills that come about from those drugs
4 such as amphetamines, like speed. I know there are
5 medical authorities that have told me that they believe
6 people who do take amphetamines in large proportions
7 will -- a lot of them will be dead within five years,
8 and this is the thing that bothers me, and the only thing
9 that bothers me, this fallacy -- this causation fallacy
10 where people say that soft drugs lead on to hard drugs,
11 you know. That is, to me is bunk, because I mean to say
12 that because it follows in time sequence that the hard
13 drugs as taken after one has taken the soft drugs, that
14 the soft drugs cause a person to take the hard drugs.
15

16 I think it is just apparent -- I
17 even draw the same conclusion that the actual personality
18 of the person causes him to move on to the hard drugs
19 from moving on from anything. The only thing that
20 bothers me about the hard drugs, is the actual physical
21 ills that are caused by the drugs themselves.

22 DR. LEHMANN: That is true for
23 speed. It is not necessarily true for heroin.

24 THE CHAIRMAN: I have a question,
25 and excuse me, I would like to follow that up. I have
26 a question to you about procedure.

27 We have asked, as you know, at all
28 hearings, that photographers not take pictures of
29 individuals who make submissions to us, except those
30 who are scheduled and sit at the table, and they have

2 respected this wish, and a request was made to me for
3 permission just to take a general picture of the audience,
4 the photographer at the back -- from the back, just a
5 general picture.

Do you have any objection to that?

THE PUBLIC: I do.

THE CHAIRMAN: Is it all right?

9 THE PUBLIC: I had one student say
10 this morning he wanted to know specifically if pictures
11 would be taken here, for family reasons, so I would
12 submit to this a negative reason not to do it — there
13 is a reason not to do it.

14 THE CHAIRMAN: How many students do
15 not want a general picture taken?

16 THE PUBLIC: I was the student who
17 asked, and I was -- I was concerned only if I was speak-
18 ing -- a general picture from the audience --

19 THE CHAIRMAN: It would be a general
20 picture from the back. We are going to ask people who
21 object to this, because we were going to ask about this
22 picture. Are there any objections of a general picture
23 from the back?

24 Do I understand then, we can have
25 a general picture taken from the back?

MR. STEIN: There is one

THE CHAIRMAN: There is an objection.

28 Well, then, I'm afraid we can't have the picture. Thank
29 you very much. Thank you.

30 || THE PUBLIC: I have said all I wanted

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2 to say.

3 DR. LEHMANN: Well, the question
4 then I left with you is, what is so bad about heroin
5 since it doesn't kill, as speed?

6 THE PUBLIC: I use marijuana, or I
7 have used it, and one of the reasons I did use it is
8 because I understood that it didn't cause any dependence.
9 I think the main reason I wouldn't use heroin and a
10 number of the other drugs, such as cocaine and so on,
11 would be because it does cause a dependence. I don't
12 really want to be dependent on anything that is --
13 I am dependent on food, I am dependent on all the things
14 that I require myself, but I don't want to be dependent
15 on extraneous things that aren't necessary.

16 MR. CAMPBELL: But would you say
17 that other people in a specific case such as heroin
18 should not be free to be dependent on it, if they wish,
19 knowing the risks they take, that people addicted to
20 heroin are never violent, they never commit sexual
21 crimes, the only time they are ever violent is if they
22 are experiencing withdrawal symptoms and know if you
23 have got heroin on you, they are apt to be violent. But
24 only in that one exception...

25 THE PUBLIC: I understand in England
26 they have a system set up where they give medical
27 allowances of heroin; is that not so? And it seems
28 that although the system has its failings in that some-
29 times people will sell their excess of their medical
30 supply, it seems that a lot of heroin addicts can lead

a perfectly normal life, in working in discoteques or working in shops, and as normal a life as I do, except that they depend on drugs.

If this is their choice, I think it is their choice to make. It certainly is not my choice.

THE PUBLIC: I was just going to say, that the only quibble I have with hard drugs is because they are illegal. Because it seems to me -- like I have had no personal contact, this is an assumption, just that when one becomes addicted to it, physically addicted, he has to get more of it, and I think a price was quoted yesterday, Fifteen dollars a capsule, Fifteen dollars a capsule is a lot of money, and when you are a heroin addict it is even more. So I imagine a lot of us go into crime, and get the money.

I believe that if heroin was legalized, the problem wouldn't be as harsh. If it was legalized, if it was supplied through the Government through some sort of a commissioned body, like the liquor commission, a drug body, I don't think the problem would be as bad.

The fact of a physical dependence
doesn't really matter to me, just as long as I don't
have to be dependent on something I don't want to be.

That's all.

THE PUBLIC: I believe that if the Canadian Government was truly wanting to halt inflation, that if they stopped spending the money they pay

1 narcotics agents all over the country to find people,
2 that they could -- and dealt through Government agencies,
3 that it was figured out in British Columbia that the
4 reduction in money saved to the Government, is very,
5 very considerable, and revenues to the Government from
6 taxes on it, would also be considerable, so I think the
7 Government would be better off all ways around.

8
9 THE PUBLIC: Just imagine the money
10 they would lose on the fines.

11 MR. CAMPBELL: I see where this
12 question which is couched, people have so often said to
13 us, "Well, marijuana is a relatively safe drug. Surely
14 it is the right of the individual to use this." But
15 very frequently they say, "But no with heroin." or "No
16 with speed." The speed place is clear, speed can lead
17 to violent behaviour, but one submission to us, I think
18 it was the R.C.M.P., said if you legalize marijuana you
19 really pull out the basis for any law that prohibits
20 the use of heroin, simply because heroin -- well, it
21 is very hard to say that heroin is a socially dangerous
22 drug.

23 The guy will be non-productive too.
24 He will be content to stay in a reasonably lethargic
25 state, but even then, if he is in drug balance, if he
26 not
27 has had to have enough/to begin withdrawal he can be
28 quite productive and work quite efficiently, as a matter
of fact.

29 THE CHAIRMAN: Yes?

30 THE PUBLIC: Wouldn't one then have

2 the start of an epidemic, perhaps hepatitis, for
3 instance, if everything was legalized and they were
4 much more careless about the way they used it?

5 THE PUBLIC: Disposable needles.

6 THE PUBLIC: But yet expensive.

7 DR. LEHMANN: One could, of course,
8 make disposable needles available for very little money
9 too, if it would be legal, so I think this is a
10 technical -- it is not a particular problem.

11 If people want to be careless, they
12 can, of course, inject themselves in some other way.

13 THE PUBLIC: Are you going to train
14 everyone to the use of these needles?

15 DR. LEHMANN: Well, those who want
16 to take heroin would have to -- mind you, this is an
17 extremely hypothetical situation. We are just pushing
18 this to know what is the principle or moral -- what is
19 in the background, everybody always saying "Well, of
20 course not hard drugs."

21 It seems to me to be some sort of
22 an assumption that we are all for motherhood; we are
23 all against heroin. Why?

24 THE CHAIRMAN: Yes?

25 THE PUBLIC: I think part of it is
26 just the fear of people who are using the productive
27 in society, fear of becoming dependent on a drug, but
28 when you talk about it philosophically and morally,
29 there can't seem to be a difference between heroin
30 just because it is an addictive drug, whereas marijuana

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2 is not.

3 And the same circumstance comes in
4 where we have the CROWN PROSECUTOR from Montreal speaking
5 yesterday, talking about the -- the amount of calls
6 that come in for illegal heroin for the United States,
7 he says, but this is the whole point, the price does
8 go up, because it is illegal and it is professionally
9 organized crime.

10 THE PUBLIC: I believe it was said
11 that the R.C.M.P., -- you can't just legalize marijuana
12 without legalizing heroin, right? Is that what you are
13 saying?

14 THE CHAIRMAN: That is not what we
15 are saying, we are asking.

16 MR. CAMPBELL: That was the point
17 made to us.

18 THE PUBLIC: That was the point. It
19 seems to me you can draw an analogy here. We allow
20 certain things to be shown that you said to be -- you
21 know, you couldn't show on T.V. or movies, Well other
22 things we censor, but at the same time, we don't censor
23 everything that we think is, you know, is not completely
24 perfect, because we think it good that people should
25 see these things, O.K.?

26 So I think it is possible to come
27 to a point where you can, you know, be fairly moderate
28 about things like this, as you are in other fields of
29 justice.

30 Where you say maybe in fact, heroin

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2 should be legalized -- just because we are not going
3 to legalize it is no reason to say we are not going to
4 legalize marijuana. I mean I don't see the logic in it
5 at all. You know, it is not a logical argument.

6

7 DR. LEHMANN: The argument is made
about alcohol. If alcohol is legal, why isn't marijuana?

8

9 THE PUBLIC: I think there is a
10 basic question about the legalization of marijuana. And
11 I think it was mentioned by one of the Commissioners
yesterday, but it was a red herring.

12

13 I think it is a point of a social
14 problem, a problem of the revolution that is coming, or
15 is here, a different life-style. It happened to be a
16 very convenient focal point because of the fact that
17 everybody can talk about it, as so many different things
18 come out when you are discussing marijuana, because the
19 social implications, the destruction of our society, or
20 just whether it is the destruction of our society, and
I think that's why marijuana is the focal point of this.

21

22 I think that once that issue is
23 clouded over, it is clouding over a very basic underlying
24 issue of what -- of other things, what we want in this
25 society. I don't think the whole issue is just the
26 legalization of marijuana, and I think that issue is
27 cleared up, and the quicker it is cleared up, much more
28 constructive talk can be done about the underlying
factors, and the revolution.

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30 MR. STEIN: Could you expand on that?
When you say, once it is cleared up . . .

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THE PUBLIC: I think cleared up as
legalized, because as far as being proven — well, first
of all, nobody has the right to tell me until it is
proven otherwise, that I can't take it, although they
are doing that.

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The studies that I have seen -- I

am particularly impressed by the Wheel Study from
Boston, which was published in "Science"; what that study
has stated, the fact that you can't tell whether a person
is stoned unless they tell you that they are. The only
thing that it does decrease, is manual dexterity a
certain amount, that the only ill effect is on the naive
user, etc. because of the fact that his manual dexterity
for a short time is out ---

MR. STEIN: I don't think I made

myself clear. You were suggesting that once the
marijuana ---

THE PUBLIC: The question is cleared
up. Once it is cleared up, and all the talk about
legalizing it has gone out.

MR. STEIN: Then you suggest we

could get to the real question. What would that mean?

THE PUBLIC: The real question?

What is going to happen. The real question is -- let's
say the middle class, or the establishment, whatever
you want to call it, is afraid of the -- I think it was
put this morning, the deleterious effects to society.

We are not so sure there is going

to be any deleterious effects to society. I would like

2 to know what deleterious effects are, whether what we
3 are doing is wrong, whether because maybe somebody be-
4 comes non-productive as a rocket scientist is wrong,
5 because he doesn't want to be a rocket scientist because
6 through his use of drugs or whatever, he has decided to
7 become a -- not become a rocket scientist, that he would
8 rather do something else.

20 THE CHAIRMAN: The gentleman at the
21 back.

22 THE PUBLIC: I would question
23 whether the facts are what we are looking at here at
24 all, or whether they are the important thing. It seems
25 to me, what is important, is people's interpretations
26 of the fact. Mr. Panner made the point yesterday that
27 we don't legislate ahead of our times. I don't think
28 there is a big move today within the population to
29 legalize heroin. Perhaps marijuans. Now, in watching
30 this Commission operate, we see that we don't live in

1 a static society, the values of today are not the values
2 of yesterday, the true's of today are not the true's of
3 yesterday, they are changing. So how can we depend on
4 facts.
5

6 It is the interpretation of the
7 facts, and what you are gathering is people's opinions
8 of what these facts actually are. You are not -- the
9 facts are irrelevant. It's what the people think about
10 the facts, and this is what you need to know, to look
11 into the changing of legislation.

12 I lost my train of thought now.

13 THE CHAIRMAN: No, no, it is very
14 clear, if I may say. As I understand it, you are saying
15 that the people's interpretations of the facts them-
16 selves are social facts in significance in relation to
17 legislation.

18 THE PUBLIC: That's right. This is
19 what you people are looking at, you are looking at
20 facts, but you are looking at people's opinions of these
21 facts, and I think it is true in the last few days. I'm
22 not for marijuana, I'm for Commissions of this nature,
23 that is what I am for, and I think this is where the
24 hope lies, because what happens in May, or whenever it
25 is, you make your report and disband. I think we have
26 a good thing here, I am very impressed with the quality
27 of this Commission, and with the way it is carrying
28 out its operations, and I hate to see it disband
29 eventually, and go.

30 --- Applause.

2 THE CHAIRMAN: Thank you very much.

3 When this is over we may need a little bit -- a few
4 suggestions as to what we do next.

5 MR. STEIN: I think, if I understand
6 your point, you are saying that there need to be various
7 ways for people to discuss their views of facts, and
8 you find that the Commission is a way to do this, an
9 exciting or a hopeful thing, and that there need to be
10 many other forms, whatever we may call them, excuses
11 if we can call it that, for the discussion and the
12 airing of the opinions about fact.

13 THE PUBLIC: Correct.

14 MR. STEIN: Well people are
15 challenging one another, and this sort of thing.

16 THE PUBLIC: Correct. First we
17 have established we have a changing society. Now, what
18 we are talking about, is how are we going to allow it
19 to change, and this is one point that is a good point.

20 THE CHAIRMAN: Excuse me. Yes?

21 THE PUBLIC: Well, I think there is
22 an obvious fact that the way we feel about something
23 like marijuana is -- the social feelings are facts in
24 themselves. I think it so obvious, we are looking at
25 the phenomena. I think the actual facts about the
26 drugs themselves, that they are irrelevant.

27 I have to take issue with this
28 because I think it is always, when you are studying
29 something itself, and the effects it has upon the people,
30 sure what the people think about the actual substance

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2 itself is very relevant, but it is also relevant
3 emperical study and study, emperical studies of what
4 effects these drugs do have upon people, and this is
5 where we don't have enough information.

6 I think most people will agree
7 that we don't know enough about what marijuana does to
8 a person, to actually come out and say, "Yes, let's make
9 it illegal."

10 DR. LEHMANN: We know more about
11 heroin and that it is not very dangerous to life, or
12 anything else. We ^{don't} know about marijuana actually.

13 THE PUBLIC: To refer to my question,
14 I would like to relate what we are saying, to the law.
15 That is why I think this Commission was set up, to see
16 how the drug laws could be changed, and to discuss the
17 legalizations. One must ask, why is it illegal? I
18 would like to ask you, why is marijuana illegal, because
19 people are going to jail. Why ---

20 THE CHAIRMAN: I take it you are
21 asking, what is the background of the present law? How
22 did it -- why was it adopted?

23 THE PUBLIC: That is right.

24 THE CHAIRMAN: Well, the answer I
25 have to give, I don't want to appear evasive about it,
26 but we have received submissions on the social background
27 of law -- I brought it with me today, in anticipation of
28 this, possibly because this question has come up before,
29 and we are going to examine that of course, but we are
30 in no sense bound by the history of this law.

19

2 We have a right and a duty to look
3 at it afresh, and I wouldn't want to try to sum up the
4 reasons, because I think I would have to, you know, make
5 a valued judgment on the law, and couldn't afford to
6 reflect on the law, one way or another, and I don't
7 think it would be proper to make conclusions about the
8 law, to try to sum it up in public, but let me just say
9 this; it has been brought to our attention, the background
10 and I think it is fairly safe for me to say that there
11 is no suggestion — a suggestion in this background that
12 there is any particular scientific basis for any particu-
13 lar body, or any scientific evidence, underlying the
14 decision.

15 It has peculiar connections in this
16 brief, particularly with the Canadian policy towards
17 Asiatics and towards opium, and so on. And then of
18 course, there is the international agreement for control,
19 which has been given another kind of basis in our
20 dimension. But let me just assure you that we intend
21 to look at that, and we have these things before us,
22 and we feel free to look at it. That's about all I can
23 say.

24 THE PUBLIC: It appears obvious to
25 me, that before someone ~~opposes~~ legalizing something,
26 he should know why it is illegal.

27 Thank you.

28 DR. LEHMANN: May I ask another
29 question of you, something that has been bothering the
30 Commission a little?

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2 If the, well, as you pointed out,
3 in the Wheel - Boston Study, when it became evident
4 experimentally, and it is also known to most people
5 who have taken marijuana, that namely, when a person
6 is stoned, other people can not recognize this. It is
7 quite possible to be quite stoned on marijuana, and yet
8 if you meet somebody else, a superior or a police officer,
9 or a parent, anyone whom you don't want to know you are
10 stoned, then you will not recognize it.

11 On the other hand, if you are stoned
12 on alcohol, speech will be slurred, and you will be
13 swaying, and your co-ordination will be impaired, and
14 they will notice it.

15 Now, is it an advantage to have
16 signals of being stoned, as on alcohol for instance, or
17 is it a disadvantage? Because it can be argued that if
18 people will not recognize you are under the influence
19 of an intoxicant, and then you, for instance, go on to
20 drive your car, you might be prevented by somebody if
21 you are intoxicated by alcohol, because they would
22 notice you are in no condition, but this would not
23 occur when you are stoned with marijuana.

24 Now, is it therefore a disadvantage
25 that there are no signs, or is it an advantage?

26 THE CHAIRMAN: Gentleman at the
27 back in the yellow shirt.

28 THE PUBLIC: When you are stoned
29 and you are driving a car, you drive a lot more care-
30 fully, because you know you are stoned, and you wouldn't

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2 take the chances that you would when you are straight.

3 When your judgment is impaired (inaudible) . . .

4 THE CHAIRMAN: There is another
5 gentleman.

6 THE PUBLIC: I believe . . .

7 THE PUBLIC: (Inaudible) . . .

8 THE PUBLIC: I would suggest that
9 marijuana, its effect on your ability to drive, is
10 insignificant, because when you compare it to alcoholism
11 your driving is quite noticeable. I mean, I think that
12 if you are in a very depressed state of mind, you have
13 a bad day at the office and you get in your car, and
14 you are driving your car, it can have a worse effect on
15 you than if you are stoned, so to actually pick out and
16 say somebody is stoned on marijuana, what's it going to
17 do to their driving?

18 I think at the same time, well, let's
19 say, O K., what happens when you are very ~~blotted~~ about
20 something when you get into the car, what happens when
21 you are very depressed? Let's study all these things
22 that are equally important when you drive a car, let's
23 not just say marijuana.

24 THE PUBLIC: I was wondering why
25 it is preferable in our society to have your speech
26 slurred and be drunk and to stammer, fali, so all these
27 stupid things drunken people do, whereas you can be
28 stoned and enjoy yourself just as much, and not do
29 anything wrong whatsoever, just be your normal person.

30 THE CHAIRMAN: The lady.

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2 THE PUBLIC: I would think it would
3 be quite a disadvantage that the person couldn't recog-
4 nize who was under the influence of marijuána. For
5 instance, I would hate to go to a doctor, or a lawyer,
6 and not be sure that he is quite sober.

7 THE PUBLIC: I would think there is
8 a difference between being stoned, and being impaired,
9 and I think that is what that question is here.

10 If you are stoned, you have a
11 different state of mind, but if you are impaired -- I
12 think what you are saying is, that you have a physical
13 disability. Now, if you go to a lawyer who is stoned,
14 then he might be quite capable -- I'm not saying he
15 would , but he might be quite capable of doing whatever
16 he was supposed to be doing, but it didn't entail manual
17 dexterity.

18 But if you go to him and he is drunk,
19 and he is going to operate on you, and he is going to
20 take out your appendices, or something. Now there is a
21 difference. Is there a difference between being impaired
22 and being stoned?

23 DR. LEHMANN: Keep in mind that it
24 doesn't necessarily -- psycho-motor. Nobody has
25 brought evidence that he is not impaired. In fact, it
26 would be difficult to bring that, that the judgment is
27 not impaired by the person who is stoned on marijuana.

28 THE PUBLIC: The point is, that
29 though the doctor who was drunk, the doctor would not
30 get to the operating table, someone would notice it

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2 before, whereas someone wouldn't notice it.

3 THE PUBLIC: I think the point was
4 brought up before, if you were a doctor, would you drink
5 on the job? I think its just the same. If you are a
6 doctor, would you smoke marijuana on the job?

7 I don't think, you know, or at least
8 it would be very hard to show if judgment is impaired.
9 In other words we don't really know if coffee impairs
10 judgment, or if tea impairs judgment.

11 DR. LEHMANN: We do. We do know
12 that.

13 THE PUBLIC: Do we know that?

14 DR. LEHMANN: We do.

15 THE PUBLIC: How do we know that?

16 DR. LEHMANN: This has been done by
17 various tests. Sure it can be done, it will have to be
18 done.

19 THE PUBLIC: Why hasn't it?

20 DR. LEHMANN: Well, that is a good
21 question.

22 THE PUBLIC: How do you determine
23 someone's judgment. What is my judgment? I mean, how
24 do you determine what my judgment is going to be in the
25 first place, and if it is going to be changed after I
26 take marijuana, because how do you know what my judgment
27 is going to be in the first place?

28 When you say judgment, I mean, I
29 would like to actually know what is judgment.

30 DR. LEHMANN: Well, this is a very

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2 good question, because judgment is one of the softest
3 areas of mental examinations, or any kind of psychological
4 test performance evaluation.

5 But there are -- there is a very
6 high correlation between the ability to abstract properly,
7 which you can measure positively, in judgment. There
8 are all kinds of test questions and situations, under
9 which you can put a person, and compare him when he is
10 not under the influence of another chemical agent, and
11 if he is. It is possible.

12 MR. CAMPBELL: It is the business
13 of the (tourist) with another (tourist.) One of the things
14 we are concerned with at the moment, is an interim report
15 which we obviously have to start thinking about.

16 We obviously have to start thinking
17 too, about our final report. I would be rather interest-
18 ed in hearing what sort of things you would like us to
19 say to the Government, say to the people; not only will
20 we have to write recommendations, that's obvious, but
21 there are a great many other things that we would put
22 in the report, and I think it would be very valuable
23 to have your judgment on this.

24 THE PUBLIC: Well, I have always
25 had a strange feeling about things I didn't know of.
26 I have always been afraid of -- that is one reason I
27 am afraid of heroin, but if I tried it and liked it, I
28 would do it again, and I would do it again and again,
29 and if I really liked it, I would become addicted to
30 it, and I would really like it.

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2 I think it is the same thing with
3 marijuana, somebody tries it and if they like it, fine,
4 they will smoke it again and again, and if they don't
5 like it, they won't smoke it again.

6 I think what the Commission has to
7 do, what the country has to do, and what anybody that is
8 interested in drugs has to do, smoke it.

9 If you are really interested in the
10 effects of impaired judgment, it's an intoxicant or a
11 stimulant, because I think it varies with people. You
12 have to find out for yourself.

13 THE PUBLIC: It's a good job you
14 aren't studying suicide.

15 THE PUBLIC: Isn't the issue a
16 matter of things back on the individual where you make
17 the personal choice, and not where the Government says,
18 "No, this is wrong; yes, this is right; yes, we will
19 condone your advice; no, we won't condone your advice."
20 It's not a matter of saying, "If you haven't tried it,
21 don't knock it."

22 You have to have that choice. Every-
23 body has the choice. The point is, that "some" may want
24 to try it, and they should be allowed.

25 THE PUBLIC: I would like to see
26 the legalization of marijuana and hashish, the legal-
27 ization of taking the drug LSD, and mescaline or peyote,
28 under controlled circumstances. Maybe the eventual
29 legalization of heroin, a great deal of study on the
30 use of amphetamines, how they are used every day in

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2 diet pills, and a number of other things, how many
3 amphetamines are coming into Canada, and the control
4 of those is done properly.

5 And I would also like to see the
6 study, as I said, the sociological and other facts of why
7 people are taking drugs.

8 THE PUBLIC: Well, I don't agree
9 with our present legislation, as a matter of fact I
10 think it is very repressive, but the thing I would like
11 to know, is if the present legislation has any positive
12 effects on the problem, or if it has sort of had a
13 causation effect on it, and I would like to know if you
14 can answer that.

15 MR. STEIN: Are you asking, or are
16 you suggesting ~~either~~, that there should be some attempt
17 to determine the attitudes of the people that are in
18 jail, as to how effective this experience has been on
19 them?

20 THE PUBLIC: Well, not only that,
21 but I can't -- myself, I can't see any positive effects
22 of the present legislation, whether it has led to a
23 sort of easing of the drug problem.

24 MR. STEIN: Deterrence is usually
25 one of the things that is suggested, that legislation
26 covers.

27 THE PUBLIC: But myself, I feel
28 it is partly the cause of it, because it is naturally
29 for it.

30 MR. STEIN: A cause of the use?

2 THE PUBLIC: I think partially it
3 is a cause of the use. It is natural for youth to rebel,
4 and since we are being so oppressed with it, I think we
5 are aiding in people trying it.

6 THE PUBLIC: Obviously, it hasn't
7 been a deterrent to the use of marijuana, having the
8 jail sentences up to seven years, just for possessing it.
9 Just for the total number of people that are using it
10 now in comparison to two to three years ago, it has
11 ballooned since the last ---

12 THE CHAIRMAN: No, but does it
13 necessarily follow that it has no control, or no deterrent
14 effect, because the increase may be relatively less than
15 it would have been without the law. How do we know?
16 We can't know.

17 Yes?

18 THE PUBLIC: Could you condone the
19 fact that people are going to jail?

20 THE CHAIRMAN: That is another
21 question, whether the law is appropriate. We are
22 talking about whether the law is effective, or whether
23 in effect it is having a negative cause, the suggestion
24 being that people are smoking as a protest against the
25 law.

26 Excuse me.

27 THE PUBLIC: I think that the fact
28 that it is illegal is not causing more people to smoke
29 it. The fact that more people are smoking it, is
30 because it is fun, and they like it.

2 THE CHAIRMAN: Do you think people
3 are being deterred from smoking, by the present law?

4 THE PUBLIC: No.

5 THE PUBLIC: I think you could
6 spend fifty years trying to figure out why people smoke
7 it, and I think you will probably find there are as
8 many reasons as there are people smoking it.

9 THE PUBLIC: I think the crutch of
10 the entire matter is that smoking marijuana, in my
11 opinion anyhow, is a matter of personal morality for me,
12 and I think the important thing to note is that most
13 people of our age group feel that it is improper for
14 the Government to legislate personal morality, and this
15 shows up not only with reference to drugs, but with
16 reference to sexuality, you know, Trudeau's statement,
17 "Keep the Government out of the bedroom of the people,"
18 and this kind of thing. I think it is personal -- a
19 moral issue.

20 Now, it is shown that certain drugs
21 have an effect on the individual, which in turn affects
22 the society on the whole, then that's the time when
23 society's interest has to be represented by law, but I
24 think until that is proven, that it has no business
25 being in the field in the first place. This is where
26 marijuana laws at the present time are crazy, and also
27 why more research has to be done to investigate the
28 effects of the drugs on the individual, and then back
29 on society.

30 THE CHAIRMAN: But those are long

1 term effects, if any, aren't they? And if you take
2 a decision -- if a decision were taken to legalize it,
3 then you might discover these adverse effects later, to
4 be able to do anything effective about them. So you
5 have to run a risk Is that what you are saying?

7 THE PUBLIC: I think there are
8 risks, but if there were no risks in life, it wouldn't
9 be worth living anyhow.

10 THE CHAIRMAN: But do you think this
11 is a justifiable risk to run in all of the circumstances
12 in the case today, assuming the responsibility of a
13 reasonably seriously adverse effect on our whole social
14 entity, and call it what you will.

15 THE PUBLIC: I think what we are
16 comparing is the risk of having a large proportion of
17 our population smoke marijuana, and suffer the effects,
18 or benefit from the effects of such smoking, versus the
19 risk of locking up a minority of those who aren't caught
20 for smoking marijuana, and they think if the risk to
21 individuals is much greater in this case, in my opinion,
22 and I also think there has been some long term research
23 done, but if we don't have -- I think we have to take
24 some sort of risk. I would say it is worth it.

25 THE PUBLIC: I think -- there has
26 been a lot of -- how can I say this?

27 We have been talking of, sort of
28 from the other side of the topic, and it is like in
29 the States ---

30 THE CHAIRMAN: Could you -- I don't

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2 know, you are not being picked up very well from that
3 mike.

4 THE PUBLIC: Is that all right?

5 THE CHAIRMAN: Yes.

6 THE PUBLIC: An illness, a problem,
7 because I think in Canada a certain kind of provincialism
8 still, unfortunately, exists.

9 There is an opportunity to avoid the
10 mistakes that have happened, say, in the United States,
11 the terrible repression that leads to great tragedy, and
12 we are heading for another Nazi era, but I think in
13 Canada, we have really a chance of utilizing the young
14 culture and to -- if the Government would take it upon
15 themselves to actually -- instead of quibbling about
16 whether they are right or wrong, I mean invest a little
17 faith in the youth, and perhaps even make a serious
18 investigation of what the young people, twenty, twenty-
19 one, nineteen, have learned, and their ideas, and their
20 theories, because there are remarkable developments
21 and consciousness that are occurring, and actually provide
22 opportunities to these people, to learn, and to experiment
23 and to conduct living experiments within the law,
24 protect them.

25 I think this is a very positive
26 thing. And also to investigate the use of drugs, not
27 primarily to determine whether they are harmful, but
28 to see what we can do in terms of development of
29 consciousness.

30 I think -- if I can set an example

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2 of a friend who was committed to the looney-bin out in
3 Selkirk, that's all I can call it, and he was committed,
4 and because, I mean the whole thing they singled out
5 was drugs, you know, you are taking drugs, it is a drag.

6 And so they gave him, I don't know,
7 about fifteen pills a day to get him off drugs, and he
8 refused to take the drugs because he wanted to go off
9 drugs completely, and instead he showed me the bottle
10 of pills he had, and he had an immense shoe box filled
11 with pills, which was for him, in order to kick his
12 drug habit, and he was out there, and was in a stupor,
13 and what they had figured out, this fellow had actually
14 broken into realms of thought, ancient realms of thought,
15 and symbolic -- real discoveries in consciousness, like
16 "Columbus of The Mind" attitude, and they were past the
17 days when the pioneers discovered any more land, and
18 the pioneers think they are going to move the moon in
19 a spaceship.

20 Meanwhile there are among the young
21 people, a little ~~people~~ running around discovering
22 the most amazing things of what it is the human being,
23 and if, there is an old Tibetan saying, that if you
24 walk along the path and you see something that is a
25 snake, if you think of the snake you can't be sure,
26 because it could be a rope to hold your pants up with.

27 It is a problem, and young people
28 have a gold mine of experience. The Black people in
29 the States say, well, we want equality, we want equality,
30 and it didn't work.

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2 It wasn't really until some young
3 guy discovered "Hey, man! It's beautiful to be back,
4 ~~black is beautiful.~~ That's when the turning point comes
5 and you can make something out of it, and it's only
6 when youth can even -- don't worry about the drugs so
7 much, but wonder about what the drugs have taught you,
8 the catalyst of drugs have brought you to understand,
9 because they initiate you to your first initiation to
10 a long train of soft discovery, and that is the reason
11 and the key note of the drug culture, and I think it
12 would be interesting if the Drug Commission would start
13 out on that basis.

14

That's all I have to say.

15

THE PUBLIC: There is something
16 a little different I would like to know, on this legal-
17 ization of marijuana.

18

I would like to know if marijuana
19 and/or heroin were legalized, would this effectively
20 run down the rate of crime of people who are making
21 fortunes by illegally bringing marijuana and heroin
22 into this country, and distributing, and having it sold
23 as it happened in the States, for instance, under
24 Prohibition, and finally the Prohibition Laws had to
25 be repealed.

26

THE CHAIRMAN: Well, you are
27 asking -- you are suggesting what maybe is one of the
28 facts of legalization, and we obviously can't answer
29 that, and you must assume that that may be one of the
30 effects.

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THE CHAIRMAN: Professor Bertrand?

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PROFESSOR BERTRAND: I was going to

say, we have no great evidence up to now, as to the

fact that the taking of marijuana precisely, is linked

with delinquent activities. We have no great evidence

as to this fact.

8

Then to the other question, is the

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trafficking of marijuana mainly done through, say, mafia

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or other organized bodies of criminals, and there we

11

don't have much evidence that actually in some centers

12

of this country, the mafia is the real distributors of

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drug importing, and exporting.

14

THE PUBLIC: I would just like to

15

refer to your point that we don't have evidence -- there

16

is a corelation between the use of marijuana---

17

PROFESSOR BERTRAND: It can be said

18

otherwise.

19

THE PUBLIC: If you came right out

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and said, "Yes, there is definitely a corelation between

21

people who use marijuana, and people who are delinquent."

22

Are you not risking the danger of the authorities in our

23

society coming out and saying, "Oh, look, here is this

24

corelation again. It must be, you know, must be some

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kind of a cause." And I think we have to be careful

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here, and say, "If there is a corelation, let's remember

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that it could very well be that it is an insignificant

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corelation." There could be very many other things

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that are, you know, correlated with this delinquency,

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other than marijuana.

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It could be, you know, completely
3 insignificant.

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THE CHAIRMAN: Gentleman at the
5 back.

6

THE PUBLIC: Reference was made a
7 little while ago, to the relationship of drugs to this
8 society, and is it going to change anything, and we all
9 know a lot of facts now about the drugs that was
10 mentioned.

11

Some drugs are taken for practical
12 reasons, some are taken for pleasurable reasons, but
13 whatever the case, any individual taking a drug now, most
14 individuals know what they are getting into.

15

If you decide to take heroin, you
16 know that you can become physically dependent on it, and
17 require it as a constant thing in your being, but each
18 individual in himself is making the individual decision.

19

Now, society itself is only a
20 collection of individuals and if you have enough
21 individuals making decisions, are going to change
22 society, then in effect, society itself is changing.

23

The long, drawn out, painful death.

24

If you look back in history, you
25 see this thing happening time, and time again, and the
26 problem with the present day situation is that our
27 society right now has a means and capability of
28 destroying itself completely, and everything else on
29 this earth, and unless we change within a few years,
30 this could very well happen.

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3 And if anybody kids themselves
4 into thinking that this isn't going to happen, at the
5 present rate that things are going, they just have to
6 look at the news any given night on television, to see
what is happening around the earth.

7

8 Now, my personal feelings are, that
9 marijuana and similar drugs have a very quieting effect
10 on people, they slow them down, they don't make them
11 as violent, they don't make them as eager to make money,
12 they don't make them as much of a threat to society as
13 they are without, with their alcohol and with their
interest in other things.

14

That is my personal feelings.

15

THE CHAIRMAN: Thank you.

16

17 THE PUBLIC: To get down to the
18 "nitty-gritty" you asked a minute ago, what we would
like to see you recommend.

19

20 I would like to see you recommend
21 or suggest to the Government, that those people who are
22 going to jail because they possess marijuana, are not
23 criminals, and that those people who are going to jail
have their lives ruined in many ways.

24

25 For example, someone who is caught
26 with a seed of marijuana can not become a lawyer if he
27 wants to, or if he doesn't want to. I don't think he
28 can be a doctor. I think he is barred from most
29 Faculties in Universities for possessing a seed of
marijuana.

30

I don't think that those people who

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2 are convicted of possessing marijuana should be class-
3 ified as criminals, and put away, and be protected from
4 society, because "the crime is against themselves" in
5 the first place, not society, and why should society
6 punish them for that.

7

THE CHAIRMAN: Thank you. Excuse me.

8 I think now we have to -- regrettably have to adjourn,
9 and we will be back at 2:30 in the Concert Hall in the
10 Auditorium, and I thank you very much for being here
11 today.

12

---- Upon adjourning at 1:35 P.M.

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